

Summer Food Service Program Manual



Missouri Department of Health and Senior Services
Division of Community and Public Health
Bureau of Community Food and Nutrition Assistance
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Contact Information

If you have questions concerning:

Applications	Meal Pattern	Preapproval for Sponsors
Budgets	Meal Time	Recordkeeping Issues
Claims	Meal Types	Site Changes
Eligibility of Sites or Sponsors	Menu Planning	Training
FSMC Problems	Monitoring	

Call the Missouri Department of Health and Senior Services, Community Food and Nutrition Assistance toll free 888-435-1464.

Program Manager Tanya Harvey
Nutrition Specialists Sharon Lensing and Sara West
Central Region Charlene Garcia, Rebecca Burton, and Emily McFarland
Eastern Region Lauren Sciacca and Jean Gerber
Northwestern Region Dana Troxel
Southeastern Region Allie Cooper
Southwestern Region Susan Barr

If you have commodity questions:

Call the Food Distribution Unit or a Food Program Representative at: 573-751-4328 or send an email to FSD.FDU@dss.mo.gov

If you have sanitation questions or concerns:

Call the Bureau of Environmental Health Services (toll-free) at: 866-628-9891

Or

Your local public health department, directory available online at:

<http://health.mo.gov/living/lpha/lphas.php>

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

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Introduction

Learning does not end when school lets out. Neither does the need for good nutrition. The United States Department of Agriculture's (USDA) Summer Food Service Program (SFSP) relies on innovative and collaborative efforts to reach children in need. The USDA encourages collaborations with valued partners at the national, state, and local levels to raise awareness about the nutrition gap children can face when schools close for the summer and to raise awareness about the availability of summer meals to close this gap.

The SFSP was established to ensure that children continue to receive nutritious meals when school is not in session. Free meals that meet federal nutrition guidelines are provided to all children at approved SFSP sites.

The SFSP operates during school vacations, primarily in the summer months – from May through September. It may also provide meals during vacation breaks in schools that are operated on a year-round basis or a continuous school calendar, or during emergency school closures from October through April.

The USDA's Food and Nutrition Service (FNS) administers the SFSP at the national and regional levels. Within the state of Missouri, the program is administered by the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA).

Locally, public or private non-profit organizations that want to “sponsor” the program apply, and if eligible, are approved by the DHSS-CFNA to operate the program. These sponsoring organizations sign program contracts and are responsible for overseeing program operations. Sponsors receive federal reimbursement from the DHSS-CFNA to cover the administrative and operating costs of preparing and serving meals to children at one or more eligible meal service sites. As a sponsor interested in administering the SFSP, you are the link that translates this federal benefit into nutritious meals and snacks for children. If you are new to the program, please consider participating as a site or sponsor in this important mission. If you are a returning sponsor, please consider adding sites and activities that will help draw children to your existing program.



Reimbursement Rates

(Rates Change Annually)

Administrative and Operational Rates are Combined

(Please record current rates from the training slides)

For Meals Served at Rural or Self-prep Sites:	
Breakfast	
Lunch or Supper	
Supplement	

For Meals Served at Urban Vended Sites:	
Breakfast	
Lunch or Supper	
Supplement	

Current Meal Reimbursement Rates are also located on the SFSP website under Applications and Forms at:

<https://health.mo.gov/sfsp>

Calculate Potential Reimbursement for the Budget

Estimated daily meals to be served _____
Times the number of days of operation _____
Times the reimbursement rate for meal type _____
Equals the potential SFSP reimbursement for meal type _____

Perform this calculation for each meal type to be served then add these amounts together. Repeat calculations for sites with different meal types or a different number of days of operation. The sum of all calculations equals the potential reimbursement and should be used to prepare the budget on the application. When you access the web-based system, the meals times rate will be displayed on the web-based budget sheet.

Sponsor Responsibilities

- **Demonstrate Financial and Administrative Capability:** Potential and returning sponsors are required to demonstrate they have the necessary financial and administrative capabilities to comply with program requirements. Sponsors must accept final financial and administrative responsibilities for all of their sites.
- **Exercise Management Control Over Sites:** New applicants and returning sponsors must demonstrate in their application that they will exercise management control over the meal service at all of their sites. Management control of the meal service means a sponsor is responsible for maintaining contact with meal service staff, ensuring there are adequately trained meal service staff on site, and monitoring site operations throughout the period of program participation. This management responsibility cannot be delegated below the sponsor level. The quality of the meal service, the conduct of site personnel, and the adequacy of recordkeeping reflect directly upon the sponsor's performance. This performance is subject to review.
- **Sign Written Agreements:** Approved sponsors must sign a written permanent agreement with the state agency.



Non-Contractible Management Responsibilities

7 CFR 225.15(a)(3)

There are specific management responsibilities that sponsors may not contract out. Sponsors remain legally responsible for ensuring the food service operations meet all requirements specified in the agreement the sponsor signs with the state agency. **Sponsors may NOT contract out management responsibilities of the program, including but not limited to the following tasks:**

- Attending the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) annual training.
- Locating and recruiting eligible sites.
- Conducting pre-operational visits of sites.
- Competitively procuring food to be prepared or contracting with a vendor for meals to be delivered to your meal sites.
- Monitoring all sites.
- Preparing and submitting claims for reimbursement.
- Conducting a non-profit food service.
- Ordering meals.
- Assuming official recordkeeping responsibilities.
- Consolidating and submitting claims for reimbursement.
- Training and monitoring administrative and site staff.
- Announcing availability of meals to the news media.
- Determining income eligibility and maintaining individual income eligibility statements.
- Enforcing corrective action.
- Preparing program applications.

Sponsors should check with the state agency before allowing a Food Service Management Company (FSMC) to undertake any other tasks that may be considered management

functions or any tasks that are related to the bulleted items listed above. It is also important to note that an FSMC contract is between the sponsoring organization and the FSMC only, and neither USDA nor the state agency have jurisdiction to enforce it with either party, or to resolve any disputes that may arise.



Pre-Operational Site Review Form

Pre-operational visits are conducted by the sponsor for each new site prior to application submission and the Pre-Operational Site Review forms are kept on site for the DHSS-CFNA to review. Before sites operate the Summer Food Service Program, pre-operational visits must be completed for new sites and those sites that experienced operational problems the previous year. These visits are required to determine that the sites have the facilities to provide meal service for the anticipated number of children in attendance and the capability to conduct the proposed meal service. The Pre-Operational Site Review Form is located on the next page.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
PRE-OPERATIONAL SITE REVIEW
 Site Selection Worksheet

Sponsor Name and Address				
Site Address				
Site Phone Number			Person to contact for use of site	
Type of Site <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Recreation Center <input type="checkbox"/> Playground <input type="checkbox"/> Residential Camp </div> <div style="width: 30%;"> <input type="checkbox"/> Open <input type="checkbox"/> School <input type="checkbox"/> Settlement House <input type="checkbox"/> Play-street </div> <div style="width: 30%;"> <input type="checkbox"/> Enrolled <input type="checkbox"/> Church <input type="checkbox"/> Park <input type="checkbox"/> Other </div> </div>				
Estimated number of participants the site could serve				
Estimated number of supervisory personnel needed to adequately control food service				
Does the site have:	Yes	No	NA	Comments
A shelter or alternate site for inclement weather?				
Hand washing facilities for the food handlers and participants?				
Adequate refrigeration for storage of meals?				
Adequate cooking facilities for preparation of meals, if applicable?				
A place to store prepared or delivered food to maintain appropriate food temperatures?				
Is another site needed in the area?				
Are present facilities adequate for an organized meal service?				
If no, explain				
What types of organized activities are planned at this site?				
Signature of Authorized Representative				Date

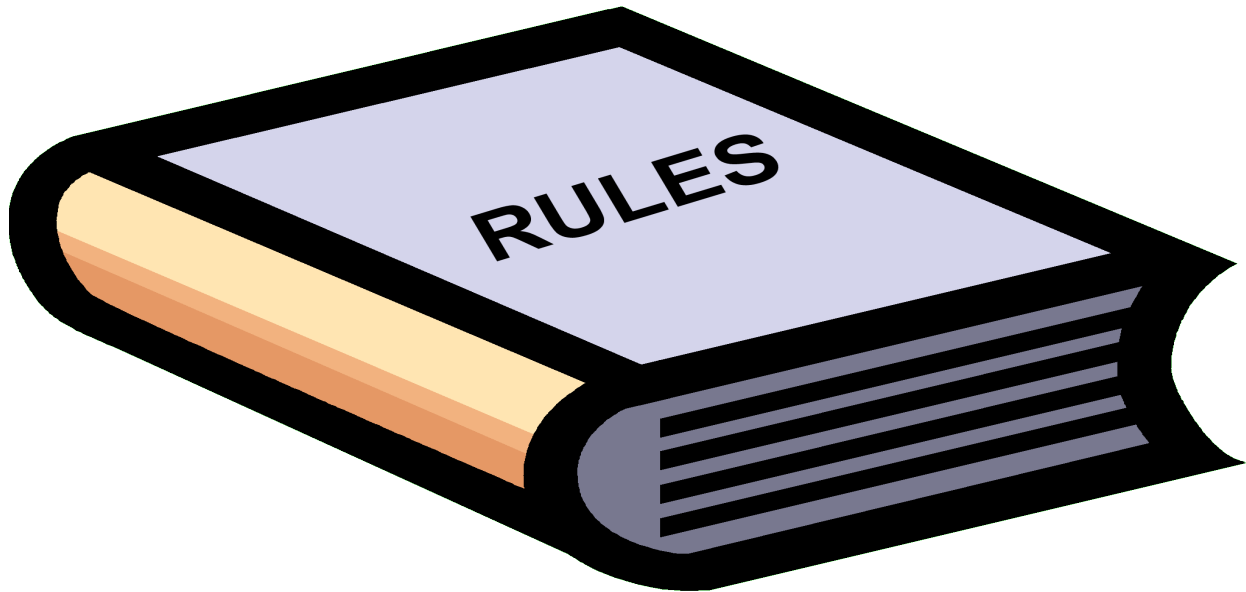
Operation Guidelines

The Summer Food Service Program (SFSP) operates during school vacations, primarily in the summer months from May through August. This program may also provide meals during vacation breaks where schools are operated on a year-round basis or a continuous school calendar, or during disaster-related emergency school closures from October through April.

Sponsoring organizations are responsible for overseeing program operations and assuring that all sites adhere to federal regulations. Sponsors receive federal reimbursement from the state agency to cover the administrative and operating costs of preparing and serving meals to eligible children at one or more feeding sites. A sponsoring organization can be very large and have many sites or be small with only one or two sites.

General Site Rules for SFSP:

- Meal services are for children 18 years or younger and persons with disabilities, over age 18 who participate in school programs for people who are mentally or physically disabled.
- Food provided by the site as part of the SFSP cannot be taken from the site (congregate meals); all meals must be eaten on site.
- Second meals may only be served after all children have received a first meal.
- Second meals will only be reimbursed up to a maximum of 2% of the sponsor's total first meals for a claiming period. Therefore, it is critical that sites adjust their meal preparations daily to avoid overproduction of meals.
- Parents may assist their children in carrying or opening meal packages, but may not consume any part of the meal.



Dates and Times of Operation

Meals will only be served during the approved meal times. The approved meal times are the times listed on the approved Site Information Sheet in the Summer Food Service Program (SFSP) application and claims database. You must adhere to your approved meal times and meal dates, or meals will be disallowed. A sponsor may submit changes to site meal service times and meal service dates at any time during the operation of the site. However, it is critical these changes be submitted and approved by the state prior to implementing the changes. Submit changes online at: <https://dhssweb04.dhss.mo.gov/cnp/Login.asp>.

A site that does not operate or is unable to serve the proposed meals for the approved date and meal time may be closed by the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA). This includes being inoperable due to a non-disclosed field trip or inclement weather. Regulation 7 CFR 225.6(c)(2)(D) states that sites will make arrangements for food service during periods of inclement weather. This requirement may be met by providing an alternate location during a weather event. All sponsors that operate sites outdoors must have a plan for serving meals during inclement weather, including excessive heat.

A site may be closed for the following:

- Failure to provide a meal service on a date or during a time submitted and approved on the Site Information Sheet.
- Failure to request prior approval for a change in meal types served.
- Failure to request prior approval for a change in serving times.
- Failure to request prior approval for site operation location changes.
- Failure to request prior approval for site operation dates.
- Failure to complete and submit a site application for a site.
- Failure to report field trips prior to the trip date.
- Failure to adhere to the inclement weather policy.



Planning for Extreme Weather Conditions

Concerns for the physical health and safety of children and consideration of extreme weather conditions must be addressed by sponsors. Sponsors must ensure they have made appropriate arrangements for food service during periods of inclement weather. Although all outdoor Summer Food Service Program (SFSP) sites are not required to have an alternate temperature controlled site, sponsors should have a contingency plan for dealing with extreme weather conditions, such as thunderstorms and excessive heat.

In recent years, the United States Department of Agriculture (USDA) has allowed participation in the Demonstration Project for Non-Congregate Feeding for Outdoor Summer Meal Sites Experiencing Excessive Heat. Under the Excessive Heat Demonstration Project, SFSP sponsors operating approved outdoor meal service sites without temperature controlled alternative sites may operate as non-congregate sites on days when the area is experiencing excessive heat. This means that children are allowed to take meals off site for consumption, after Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval for that day.

The intent of this demonstration project is to maintain service to children who would otherwise lose access to meals when excessive heat makes the operation of a congregate feeding site lacking a temperature controlled alternative site impractical. Therefore, if the site has an alternative feeding site, or other viable alternatives, the site cannot participate in this demonstration project.

Under this demonstration project, non-congregate meal service shall be permitted only on days when the National Weather Service (NWS) has issued an Excessive Heat Advisory, an Excessive Heat Warning, or an Excessive Heat Watch for the area in which an approved outdoor feeding site is located.

Applying for Participation in the Demonstration Project

Interested sponsors must notify the DHSS-CFNA of their intent to participate in the demonstration project. Sponsors must identify those outdoor congregate meal sites lacking temperature controlled alternative sites that would be included in the demonstration project prior to initiating their summer program.

Participation Requirements

- Sponsors must document the NWS Excessive Heat Advisory, Excessive Heat Warning, or Excessive Heat Watch and maintain the records on file for review.
- Meals taken off site may only be claimed on days for which documentation is maintained.
- Sponsors must print or obtain an electronic copy of the NWS notice on the public web found at <http://www.weather.gov/> on the day the Excessive Heat Advisory, Excessive Heat Warning, or Excessive Heat Watch is issued, and email a copy to sfsp@health.mo.gov the day the demonstration project is exercised.
- Approved outdoor sites must comply with the congregate meal requirements on all other days of operation.

- Requirements pertaining to the number and type of meals that may be served each day continue to apply and sponsors must continue to provide all required components of a reimbursable meal.
- Meal times may not be shortened or extended on days the area is experiencing excessive heat. The meal time approved by the state for each site must remain the same on those days.
- Because meals served will be consumed off site, sponsors should carefully consider all food safety issues and risks.
- Only one meal may be provided to each child present at the meal site for each meal service. Second meals are not allowed.
- Meals may not be provided to adults or other children to take to children not present at the site.
- All meal counting, claiming, and state and sponsor monitoring and oversight requirements continue to apply.

Sponsors electing to participate in the demonstration project must submit the following information monthly:

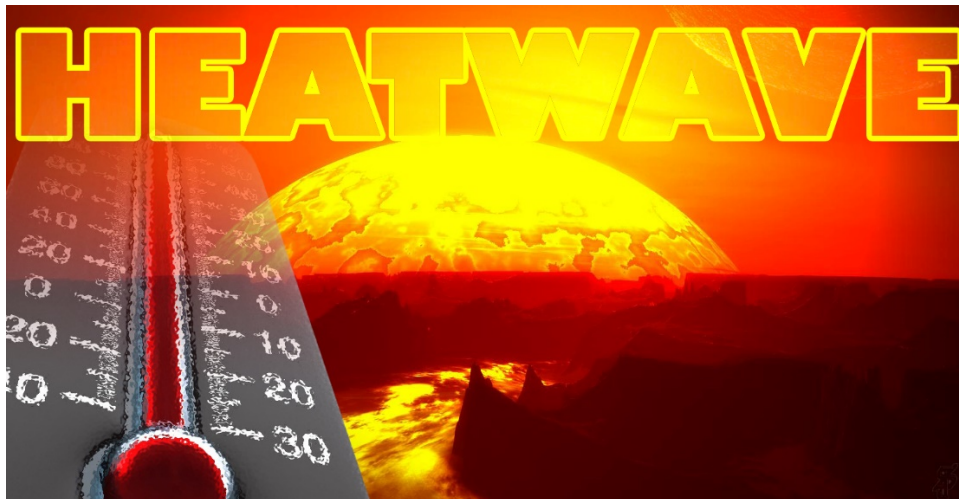
- The specific dates on which participants were permitted to take meals off site; and
- The number of meals claimed that were taken off site by participants.

If you wish to participate in the Excessive Heat Demonstration Project for the SFSP, please log on to health.mo.gov/sfsp (Applications and Forms) to find the Excessive Heat Demonstration Application and instructions. Once you have completed the application, fax or email to:

Fax: 573-526-3679

sfsp@health.mo.gov

If the application is approved, you will be sent further guidance regarding monthly reporting requirements and submission procedures. If you have questions, please contact our office at 888-435-1464.



Site Definitions and Eligibility Documentation

SFSP Site Types: A site is a physical location where program meals are served and where children consume meals in a supervised setting. Once a site is determined eligible, it is eligible for 5 years.

Site Type	Site Description	Eligibility Documentation
Open	<ul style="list-style-type: none"> ➤ Serves all children in the geographical area where at least 50% of the children are eligible for free or reduced-price school meals. ➤ Reimbursed for complete meals served to all children. 	<ul style="list-style-type: none"> ➤ School Data ➤ Census Block Group Data
Restricted Open (7 CFR 225.2)	<ul style="list-style-type: none"> ➤ Initially “open” to the entire community on a first-come, first-serve basis. ➤ Sponsor may impose limits for reasons of space, security, safety, or control due to staff limitations, etc. ➤ Children cannot be chosen based on any particular characteristic or from any identifiable group in the community. ➤ Media release must stipulate the “open” criteria. ➤ Draws children exclusively from eligible areas. ➤ No fees are charged. ➤ Reimbursed for complete meals served to all children. ➤ Not an option for schools that offer an accredited summer school. 	<ul style="list-style-type: none"> ➤ School Data ➤ Census Block Group Data
Closed Enrolled	<ul style="list-style-type: none"> ➤ Serves only the identified group of children enrolled at the site. ➤ Closed to the community at large. ➤ At least 50% of the children enrolled at the site are eligible for free or reduced-price school meals. ➤ Reimbursed for complete meals served to all children. ➤ Waiver has been requested to qualify based on area eligibility. 	<ul style="list-style-type: none"> ➤ Income Statements
Residential Summer Camp and Non-Residential Day Camp	<ul style="list-style-type: none"> ➤ Reimbursed only for meals served to campers who have been individually determined to be eligible for free or reduced-price school meals, based upon income eligibility applications. 	<ul style="list-style-type: none"> ➤ Income Statements
Migrant	<ul style="list-style-type: none"> ➤ Migrant organization certifies that site serves over 50% migrant children initially. Site can be open or restricted open. ➤ Reimbursed for complete meals served to all children. 	<ul style="list-style-type: none"> ➤ Certification from migrant organization

Application

For new sponsors, the entire application packet can be found at the following website:
www.health.mo.gov/sfsp under Applications and Forms.

- Call the toll-free number 888-435-1464 to request an application via mail, fax, or e-mail.

Returning sponsors should update the application online at the following website:
<https://dhssweb04.dhss.mo.gov/cnp/Login.asp>



Application Deadlines

(For complete applications only)

- By April 1st, if you want commodities delivered in May.
- By May 1st, if you want commodities delivered in June.
- By May 1st, if requesting a June advance.

The final deadline for a completed application is no later than May 15th and at least 30 days prior to the first day of operation. For example, if Summer Food Service Program (SFSP) operations are to begin June 2, a completed application is due no later than May 3.



Things to Watch

- Make sure all blanks are completed.
- Submit eligibility documentation for each open site.
- Retain a copy of your SFSP application for your files.
 - If you fax the application, retain the original for your files.
 - If you mail the original, make a copy for your records.

New Applicant Checklist

Use this checklist to ensure all required items are enclosed with your application packet.

The Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) provided Summer Food Service Program (SFSP) training is required for all sponsors annually.

- ☐ [Sponsor Application Form SFSP-604.](#)
- ☐ [Site Information Sheet \(one for each meal site\) Form SFSP-603.](#)
- ☐ [Policy Statement For New Sponsors CACFP-1002.](#)
- ☐ [SFSP Network User Access Request.](#)
- ☐ [Vendor Input/ACH-EFT Application \(for direct deposit\).](#)
- ☐ [Business Management Assessment \(BMA\).](#)
- ☐ [E-Verify.](#)
- ☐ IRS letter for Non-Profit Organizations.

Submit completed application to:

**Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance**

PO Box 570
Jefferson City, MO 65102
or via fax: 573-526-3679
or via email: sfsp@health.mo.gov



Site Operation Checklist

- ☐ [Documentation of Training to Program Personnel:](#) Required before start of program operations and kept on site for DHSS-CFNA review.
- ☐ [Pre-Operational Site Review:](#) Completed for each new site prior to application submission and kept onsite for DHSS-CFNA review.
- ☐ [And Justice For All Poster:](#) Must be displayed in a prominent location at each site where it can be easily viewed.
- ☐ [Sponsor/Site Agreement:](#) Before adding an unaffiliated new site, ensure you obtain a Sponsor/Site agreement.
- ☐ Daily Meal Count Form [609](#) or [319](#): Completed at the point of service for each meal. Must be dated and kept with monthly records.
- ☐ [Medical Food Substitution Record:](#) Have a few copies available for participants with allergies and/or special dietary needs. Must be signed by a physician.
- ☐ [1st & 4th Week Site Review Form](#) for [Self-Preparation Sites](#) or [Vended Sites](#): Sponsors are required to conduct reviews during the first week and again within the first four weeks of operation. There is also space to record your beneficiary data which is required once per year.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)

**SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION AND BUDGET**

**FOR PARTICIPATING
INSTITUTIONS ONLY**

FOR DHSS USE ONLY

CURRENT CONTRACT NO.

NEW CONTRACT NO.

NAME OF ORGANIZATION					<input type="checkbox"/> New <input type="checkbox"/> Re-applying	
MAILING ADDRESS OF ORGANIZATION (IF DIFFERENT FROM STREET ADDRESS)				STREET ADDRESS OF ORGANIZATION		
CITY		STATE	ZIP CODE	CITY		STATE
						ZIP CODE
SECRETARY OF STATE CHARTER NUMBER		NAME OF ORGANIZATION SPONSOR / OWNER OF THIS INSTITUTION (IF DIFFERENT THAN NAMED ABOVE)				
RESPONSIBLE INDIVIDUAL						
NAME				POSITION/TITLE		
E-MAIL						
PHONE			EXTENSION	FAX		
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address						
FOOD PROGRAM CONTACT						
NAME				POSITION/TITLE		
E-MAIL						
PHONE			EXTENSION	FAX		
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address						
FINANCIAL CONTACT						
NAME				POSITION/TITLE		
E-MAIL						
PHONE			EXTENSION	FAX		
ADDRESS <input type="checkbox"/> Mailing Address <input type="checkbox"/> Street Address						
TYPE OF SPONSORING ORGANIZATION (ONLY ONE BOX IN THIS SECTION MAY BE CHECKED)						
<input type="checkbox"/> School Food Authority [public or private, non-profit]						
<input type="checkbox"/> Governmental Entity [unit of local, state, or federal government]						
<input type="checkbox"/> Residential Camp [overnight camp]						
<input type="checkbox"/> Upward Bound						
<input type="checkbox"/> National Youth Sports Program [sponsored by a public or private, non-profit college or university]						
<input type="checkbox"/> Private Non-Profit (PNP) Organization [Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations]						
<input type="checkbox"/> Migrant						
MEAL PREPARATION						
IS OFFER VS. SERVE (OVS) REQUESTED FOR ONE OR MORE SITES? (MUST RECEIVE PRIOR APPROVAL)						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
METHOD OF MEAL PREPARATION						
<input type="checkbox"/> Self-Preparation <input type="checkbox"/> Vended-Food Service Contract and/or caterer						
IF SELF-PREPARATION, ARE MEALS PREPARED						
<input type="checkbox"/> At each site <input type="checkbox"/> At central kitchen						

FOOD SERVICE MANAGEMENT COMPANY

If food is prepared by a Food Service Management Company (FSMC) or School Food Service Authority, list the vendor name, address and contact information below.

FOOD SERVICE MANAGEMENT COMPANY/CATERER

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

FOOD SERVICE MANAGEMENT COMPANY/CATERER

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

FOOD SERVICE MANAGEMENT COMPANY/CATERER

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

CENTRAL KITCHEN

If food is prepared in a central kitchen, list the vendor name, address, contact information, and sites below.

CENTRAL KITCHEN # 1

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #1

CENTRAL KITCHEN # 2

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #2

CENTRAL KITCHEN (CONTINUED)**CENTRAL KITCHEN # 3**

VENDOR NAME

VENDOR ADDRESS

COUNTY

CONTACT PERSON'S NAME

PHONE

EXTENSION

LIST THE SITES SERVED BY CENTRAL KITCHEN #3

DOES THE SPONSOR PROVIDE AN ONGOING, YEAR-ROUND SERVICE OF SOME TYPE TO THE COMMUNITY THAT WOULD BE SERVED BY SFSP?

☐ Yes ☐ No

IF THE SPONSOR IS NOT A RESIDENTIAL CAMP, PLEASE DESCRIBE THE ONGOING, YEAR-ROUND SERVICES PROVIDED:

DOES ANY OTHER AGENCY OTHER THAN THE SPONSOR PROVIDE SITE PERSONNEL? (IF MEALS ARE VENDED, MARK YES AND ENTER THE INFORMATION FOR THE FSMC BELOW.)

☐ Yes ☐ No

NAME

AGENCY

TITLE OF PERSON RESPONSIBLE

I WILL COVER THE FOLLOWING MINIMUM REQUIRED TOPICS IN MY TRAINING SESSIONS FOR ADMINISTRATIVE AND SITE PERSONNEL: PURPOSE OF THE PROGRAM - MEAL PATTERN REQUIREMENTS - SITE ELIGIBILITY - SITE OPERATIONS - RECORDKEEPING - DUTIES OF A MONITOR - CIVIL RIGHTS.

☐ Yes ☐ No

I UNDERSTAND THE FOLLOWING PROCEDURES MUST BE USED TO CORRECT PROGRAM DEFICIENCIES OR AREA OF NON-COMPLIANCE, AND WILL INCORPORATE THEM INTO MY SFSP OPERATIONS:

- ✓ Monitor sites and note areas of non-compliance.
- ✓ Discuss problems with site supervisors.
- ✓ Recommend corrective action.
- ✓ Follow-up in one week to assure corrections are made.

☐ Yes ☐ No

HAS THE APPLICANT ORGANIZATION EVER BEEN TERMINATED OR DETERMINED TO HAVE BEEN SERIOUSLY DEFICIENT IN ITS OPERATION OF THE SFSP OR ANY OTHER CHILD NUTRITION PROGRAM?

☐ Yes ☐ No If yes, submit a written explanation regarding the circumstances to DHSS-CFNA.

LIST THE NAMES OF OTHER FEDERAL AGENCIES PROVIDING ASSISTANCE TO THE APPLICANT ORGANIZATION.

HAS THE APPLICANT EVER BEEN FOUND TO BE IN NONCOMPLIANCE WITH REGARD TO CIVIL RIGHTS REGULATIONS FOR ANY OF THE AGENCIES LISTED ABOVE.

☐ Yes ☐ No If yes, explain:**LIST THE ESTIMATED PERCENTAGE ETHNIC MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED (MUST EQUAL 100%)**

Hispanic or Latino	Not Hispanic or Latino	Total
%	%	%

LIST THE ESTIMATED PERCENTAGE RACIAL MAKE-UP OF THE POPULATION OF THE AREA TO BE SERVED (MUST EQUAL 100%)

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	%

WHAT EFFORTS WILL BE USED TO ASSURE THAT MINORITY POPULATIONS HAVE EQUAL OPPORTUNITY TO PARTICIPATE? (CHECK ALL THAT APPLY)

☐ Distribution of brochures or program information at public locations

☐ Paid or free advertisements in local newspapers

☐ Personal contact with community groups and/or parents

☐ Public service announcements in

☐ Local newspaper

☐ Radio

☐ Television

DO THESE EFFORTS ALSO REFLECT METHODS USED TO ASSURE MINORITY AND GRASSROOT ORGANIZATIONS PARTICIPATE IN THE PROGRAM AS REQUIRED BY PROGRAM REGULATIONS?

☐ Yes ☐ No

HAS YOUR ORGANIZATION EVER BEEN FOUND TO BE IN NONCOMPLIANCE OF THE CIVIL RIGHTS LAWS BY ANY FEDERAL AGENCY?

☐ Yes ☐ No

IS YOUR ORGANIZATION FAITH-BASED OR AFFILIATED WITH A CHURCH?

☐ Yes ☐ No

MULTI-STATE OPERATIONS

DOES YOUR ORGANIZATION OPERATE IN MORE THAN ONE STATE?

☐ Yes ☐ No If yes, name other states.

DOES THE LOCAL AFFILIATE SEND MONEY FROM THE NON-PROFIT FOOD SERVICE ACCOUNT OR MONEY FROM THE SFSP TO THE PARENT ORGANIZATION?

☐ Yes ☐ No

ADVANCES

DOES THE APPLICANT ORGANIZATION ELECT TO RECEIVE ADVANCE PAYMENTS?

☐ Yes ☐ No If yes, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP ten or more days in any month(s) selected.

Month	Operating Advance	Requested Amount	Administrative Advance	Requested Amount
June 1st	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
July 1st	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
August 15th	<input type="checkbox"/>	\$		

Note: Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the requested amount.

APPLICATION COMPLETION

BEFORE YOUR APPLICATION WILL BE CONSIDERED COMPLETE, YOU MUST SUBMIT THE FOLLOWING ITEMS

☐ One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet.

☐ Vendor Input/ACH-EFT form for all sponsors; previous sponsors with address, contact, or telephone number changes.

☐ Copy of entire current Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only).

☐ Completed and signed Policy Statement (new sponsors only).

SPONSOR BUDGET

Administrative Staffing Plan (Office and Paperwork)

List administrative positions that will be involved in the SFSP (attach additional sheets if necessary). Include all expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites and training. For additional guidance, consult the Operating and Administrative Cost Sheet included with your application packet.

A-Title of Position	B-Number of Staff	C-Hours per day on SFSP Admin	D-Salary per hour	E-Number of days	F-Fringe Benefits	G-Total (BxCxDxE)+F	H-Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
Total Administrative Salary/Fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs of the Sponsor Budget).						\$	

SPONSOR BUDGET (CONTINUED)**Operational Staffing and Monitoring Plan (Food Prep, Food Service and Monitoring Staff)**

List operational positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include all expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A-Title of Position	B-Number of Staff	C-Hours per day on SFSP Admin	D-Salary per hour	E-Number of days	F-Fringe Benefits	G-Total (BxCxDxE)+F	H-Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Monitoring Staff			\$			\$	
Monitoring Staff			\$			\$	
Monitoring Staff			\$			\$	

Total operational and monitoring Salary/Fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs of the Sponsor Budget).

\$

BUDGET

BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	DHSS USE ONLY
Annual Administrative Salary/Benefits		
Total Salaries		
Benefits		
Health Insurance		
Workman's Compensation		
Life Insurance		
Retirement Plan		
FICA		
Other (specify)		
Sub-total		
Travel Expenses		
Mileage		
Per Diem		
Leased Vehicle		
Rental Vehicle		
Sub-total		
Printing		
Postage		
Annual Contracted Services		
Audit A-133 (required by 7 CFR 226)		
Professional (specify)		
Sub-total		

BUDGET (CONTINUED)		
BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	DHSS USE ONLY
Telephone		
Office Telephone Service		
Cellular Service		
Internet Service Provider		
Sub-total		
Office Rent/Use Allowance		
Rent/Lease		
<input type="checkbox"/> Use Allowance or <input type="checkbox"/> Depreciation		
Insurance (cover loss of federal property)		
Maintenance		
Janitorial		
Sub-total		
Utilities		
Gas/Electric		
Water/Sewer		
Trash Removal		
Other (specify)		
Sub-total		
Annual Indirect Costs (submit Cost Allocation Plan)		

Include all expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	DHSS Use Only Approved Administrative Budget	Operational Costs	Proposed Operational Budget
Salaries/Fringe	\$		Food Service Labor and Monitoring Staff Salaries/Fringe	\$
Rent for Office Space	\$		Food	\$
Office Supplies	\$		Supplies	\$
Administrative Mileage	\$		Transportation of Food	\$
Audit Fees	\$		Utilities	\$
Telephone	\$		Equipment Rent	\$
Postage	\$		Other (specify below)	
Printing/Copying	\$			\$
Advertising	\$			\$
Other (specify)	\$			\$
Indirect Costs	\$			\$
Total Administrative Costs	\$		Total Operational Costs	\$
			Grand Total	\$
Administrative Meals X Rate	\$		Operational Meals X Rate	\$

CERTIFICATION

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

- ☐ Yes ☐ No The information on this form is true and correct to the best of my knowledge.
- ☐ Yes ☐ No I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
- ☐ Yes ☐ No The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
- ☐ Yes ☐ No The program is directly operated by the applicant organization (sponsor) at all sites.
- ☐ Yes ☐ No Reimbursement will be claimed only for meals served to eligible children.
- ☐ Yes ☐ No Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
- ☐ Yes ☐ No The program will promptly notify Food Nutrition Service (FNS) of any lawsuit or complaint filed against the program applicant or recipient or a sub-recipient alleging discrimination on the basis of race, color, or national origin.
- ☐ Yes ☐ No The superintendent/board president/director and/or authorized representative accepts final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) sites(s).

SIGNATURES

NAME, TITLE, AND SIGNATURE OF THE FINANCIALLY AND/OR ADMINISTRATIVELY RESPONSIBLE PARTY

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE

DATE

TITLE

DATE

PRINT OR TYPE NAME

DATE OF BIRTH

PRINT OR TYPE NAME

DATE OF BIRTH

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY

APPROVED BY

TITLE

DATE



Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
PO Box 570
Jefferson City, MO 65102
Fax: 573-526-3679

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS)
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET

NAME OF SPONSOR						
NAME OF SITE						
STREET ADDRESS OF SITE (WHERE CHILDREN ARE FED)		COUNTY				
CITY	STATE	ZIP CODE				
SITE SUPERVISOR'S NAME						
SITE SUPERVISOR'S POSITION						
SITE SUPERVISOR'S E-MAIL ADDRESS						
SITE SUPERVISOR'S TELEPHONE NUMBER						
SITE SUPERVISOR'S FAX NUMBER						
SITE LOCATION <input type="checkbox"/> Rural <input type="checkbox"/> Urban Refer to the USDA Rural Designation Map to determine if your area is considered Rural or Urban - https://www.fns.usda.gov/rural-designation						
SITE TYPE (CHOOSE ONLY ONE) <input type="checkbox"/> Open Site Using School Data <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td></tr><tr><td>SCHOOL NAME</td><td>DISTRICT NAME</td></tr></table>			PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS		SCHOOL NAME	DISTRICT NAME
PERCENTAGE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED PRICE MEALS						
SCHOOL NAME	DISTRICT NAME					
<input type="checkbox"/> Open Site Using Census Tract Data (contact DHSS-CFNA for assistance 888-435-1464) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (mail documentation to DHSS-CFNA) <input type="checkbox"/> Enrolled Site (Income Eligibility Forms must be collected) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>PROJECTED NUMBER ENROLLED IN SFSP</td><td>PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS</td></tr></table>			PROJECTED NUMBER ENROLLED IN SFSP	PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS		
PROJECTED NUMBER ENROLLED IN SFSP	PROJECTED NUMBER ELIGIBLE FOR FREE OR REDUCED PRICE MEALS					
<input type="checkbox"/> Residential Camp (Income Eligibility Forms required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS) <input type="checkbox"/> Upward Bound Program						
IS THERE A REGULARLY SCHEDULED, ORGANIZED ACTIVITY AT THE SITE? <input type="checkbox"/> Yes <input type="checkbox"/> No List below the activities or attach a schedule of daily activities.						
IS THIS A CHILD CARE CENTER, GROUP HOME, OR FAMILY HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> licensed or <input type="checkbox"/> license exempt?						
DOES THE SYSTEM USED TO SERVE MEALS TO CHILDREN AT THE SITE ENSURE THAT EACH CHILD RECEIVES A COMPLETE MEAL, AND THAT MEALS ARE COUNTED AT THE POINT OF SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No						
DOES THE SITE HAVE THE NECESSARY STAFF AND FACILITIES SO THAT THE MEAL SERVICE IS ORGANIZED AND PROPERLY SUPERVISED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
LEFTOVER MEALS ARE HANDLED BY <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen.						
WHAT METHOD IS USED AT THE FACILITIES FOR HOLDING MEALS AT PROPER TEMPERATURES? <input type="checkbox"/> Delivered within one hour of meal service. <input type="checkbox"/> Prepared onsite and held at proper temperature. <input type="checkbox"/> Stored properly and at the proper temperature.						
SITES CAN ADJUST MEAL DELIVERIES BY <input type="checkbox"/> Calling a request into the sponsor. <input type="checkbox"/> Writing a request to the sponsor. <input type="checkbox"/> All methods are used. <input type="checkbox"/> Faxing a request into the sponsor. <input type="checkbox"/> E-mailing a request to the sponsor.						
IS OFFER VS. SERVED REQUESTED FOR THIS SITE? (MUST RECEIVE PRIOR APPROVAL) <input type="checkbox"/> Yes <input type="checkbox"/> No						

PROGRAM REGULATIONS REQUIRE THAT THE SPONSOR CONDUCT A PRE-OPERATIONAL VISIT TO THE SITE BEFORE THE DEPARTMENT OF HEALTH AND SENIOR SERVICES WILL APPROVE THE SITE FOR PARTICIPATION. HAS THE SPONSOR CONDUCTED A PRE-OPERATIONAL VISIT TO THIS SITE?

☐ Yes ☐ No

DATE OF SITE VISIT

The application will not be processed until a site visit is completed.

OPERATING DATES

BEGIN DATE (FIRST DATE SFSP MEALS TO BE SERVED AT SITE)

END DATE (LAST DATE SFSP MEALS TO BE SERVED AT SITE)

TOTAL NUMBER OF OPERATING DAYS EACH MONTH (exclude weekend and holidays if you will not serve meals on those days).

MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTAL

MEAL SERVICE INFORMATION

Note: You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.

Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served							Estimated # to be Served	Estimated # Eligible (camps only)	DHSS Use Only
				M	T	W	T	F	S	S			
Breakfast	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen												
AM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen												
Lunch	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen												
PM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen												
Supper	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen												

IF CENTRAL KITCHEN MEAL TYPE WAS CHOSEN, LIST THE NAME OF THE CENTRAL KITCHEN PREPARING THE FOOD.

IS THE FOOD SERVED AT THIS LOCATION PREPARED IN A SCHOOL FOOD PREPARATION FACILITY?

☐ Yes ☐ No

IS THE FOOD SERVED AT THIS LOCATION PREPARED BY STAFF EMPLOYED BY THE SCHOOL TO PREPARE FOOD DURING THE SCHOOL YEAR?

☐ Yes ☐ No

IS MEAL TIME WAIVER REQUESTED?

☐ Yes ☐ No (Select yes if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. Example: Weeks 1-3 site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack.)

HOW MANY CHILDREN CAN EAT AT THIS SITE AT ONE TIME?

HOW MANY STAFF MEMBERS SUPERVISE THE MEAL SERVICE?

LIST ANY HOLIDAYS THIS SITE WILL NOT BE SERVING OR ANY SPECIFIC DATES DURING THE DATES OF OPERATION WHEN THIS SITE WILL NOT BE IN OPERATION (EXAMPLE JULY 4TH OR EVERY OTHER FRIDAY BEGINNING MM/DD/YY).

IS THIS LOCATION AN OUTDOOR SITE?

☐ Yes ☐ No If an outdoor site, where will meals be served during inclement weather? Provide address and procedures for alternate meal service.

FOR RESIDENTIAL AND DAY CAMPS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)		
Session	Begin Date	End Date

FOR FIELD TRIP AND OFF SITE MEALS ONLY (USE ADDITIONAL SHEETS IF NECESSARY)		
Field Trip	Date	Meal (breakfast, lunch, AM/PM snack)

COMMENTS

☐ I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge.

☐ I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	TITLE	DATE

DHSS USE ONLY

APPROVAL SIGNATURE OF DHSS-CFNA REPRESENTATIVE	TITLE	DATE

Missouri Department of Health and Senior Services
 Community Food and Nutrition Assistance
 PO Box 570
 Jefferson City, MO 65102
 Fax: 573-526-3679

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Washington, D.C. 20250-9410;

 (2) fax: (202) 690-7442; or

 (3) email: program.intake@usda.gov.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
POLICY STATEMENT FOR NEW SPONSORS

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program and accepts responsibility for providing program benefits to eligible children in the site(s) under its jurisdiction. The Sponsor assures the Missouri Department of Health and Senior Services (DHSS) that although there is no separate charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, the Sponsor:

- A. Agrees that in operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, religion, age, disability, or political beliefs. (Not all prohibited bases apply to this program.)
- B. Agrees to establish a procedure to account for meals claimed.

FOR SPONSORS OF CAMPS AND ENROLLED SITES ONLY, in addition to A and B, the Sponsor:

- C. Agrees that no meals will be claimed unless there is adequate documentation on file to support the claim. Adequate documentation (for each child's family) includes household income received by each household member, identified by source of income; names of all household members; social security number of either the head of household/primary wage earner or the adult signing the application; and the signature of an adult member of the household. Adequate documentation for a child who is a member of a food stamp or Temporary Assistance (TA) unit includes the name(s) and appropriate food stamp or Temporary Assistance case number(s) for the child(ren) and the signature of an adult member of the household.
- D. Agrees to maintain on file for three years all documentation to support claims.
- E. Agrees that there will be no physical segregation of, or other discrimination against any child. The names of the children for which meals may be claimed shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by any means. Further assurance is given that all children shall be served the same meals.

Shall describe below the method used for collecting payments from children who pay the full price of the meal while preventing the overt identification of children receiving a free meal:

- F. Shall attach a sample of the Income Eligibility Application, parent letter, and public release to be used. If the DHSS prototype forms will be used, indicate in the space below and do not attach the forms. Shall describe below the method for accepting Income Eligibility Applications:
- G. Agrees to designate _____ to make determinations of
(Name and Title)
eligibility for purpose of claiming meals. The official will use the USDA eligibility criteria to make eligibility determinations conforming to the family size and income standards for reduced price school meals determined by the Secretary of Agriculture.

- H. Agrees that the application and parent letter and/or any other descriptive material distributed to parents or guardians shall contain only the family size and income levels for reduced price school eligibility. It shall also include an explanation that households with income less than or equal to these values would be eligible for free meals. The application and parent letter shall not contain the income standards for free meals. It shall contain a statement that if a child is a member of a food stamp or Temporary Assistance unit, the child is automatically eligible to receive free program meals, subject to completion of an application as described in C of this policy statement. Finally, a statement shall also be included to the effect that "In certain cases, foster children are eligible for free meals regardless of household income. If such children are living with you and you wish to apply for such meals, please contact us."
- I. Will establish a hearing procedure for families wishing to appeal a denial of an application for free meals. The Sponsor assures that if a family requests a hearing, the child shall continue to receive free meals until a decision is rendered.

FOR SPONSORS OF OPEN SITES ONLY, in addition to A and B, the Sponsor:

- J. Agrees that no meals will be claimed unless there is adequate documentation on file to support the eligibility as an open site. Adequate documentation includes, but is not limited to census data and/or school data verifying 50 percent or more of the children meet the 185 percent poverty guidelines.
- K. Agrees to maintain on file for three years all documentation to support claims for reimbursement.
- L. Assures that all children shall be served the same meals.

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR		SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	
TITLE	DATE	TITLE	DATE

MO 580-1841 (1-2018)

CACFP-1002

Making Changes

Sponsors are required to contact the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) to report any site changes. Site changes can be entered online at: <https://dhssweb04.dhss.mo.gov/cnp/Login.asp>. The changes must be submitted into Pending Approval status.

Prior to starting operation of your program, check all information on the site forms and correct if there are any changes.

The sponsor must notify the DHSS-CFNA if any of the following occur prior to implementing:

- Changes in meal service times.
- Changes in meal types.
- Increases in estimated attendance (i.e., number of children to be served at each meal or snack service).
- Changes in operations such as site temporarily closed, field trips, etc.
- Start/stop date changes.
- Extending site operations.
- Permanent site closing.
- Sites that were approved for operation but never opened.
- Changes in personnel. Report changes to the DHSS-CFNA of administrative personnel who serve as contacts. Site supervisory personnel changes must also be reported to the DHSS-CFNA.
- Changes in central kitchen. Central kitchen changes require an inspection.
- Changes in food service management companies. These changes require contract approval.

This information must be updated online and submitted into Pending Approval status. Failure to update this information could cause a claim for reimbursement to be rejected by the claims payment system and result in delayed and/or reduced payment.

The sponsor must notify the DHSS-CFNA by 2:00 p.m. the day before the anticipated change is to take place. Failure to meet this deadline may result in disallowed meals. If a change is to occur on a Monday, the sponsor is required to notify the DHSS-CFNA by 2:00 p.m. on the preceding Friday.

In emergency situations, such as fire, flood, or transportation breakdowns, contact the DHSS-CFNA at 888-435-1464 as soon as possible, once the situation has been assessed.

The following changes can only be done using the Site Information Sheet form:

New site opening – the sponsor must submit the paper form Site Information Sheet (DHSS-SFSP-603) along with the site eligibility documentation (school data or census data). New sites may not operate until the site is approved by the DHSS-CFNA. This approval may include a review of the food service management company to ensure additional meals can be prepared.

If the site location changes - the sponsor must submit a new paper form Site Information Sheet (DHSS-SFSP-603) prior to operating at the new location. Meals served at the new location may not be claimed for reimbursement until the new site has been approved by the DHSS-CFNA.

USDA Donated Food (Commodities)

A complete Summer Food Service Program (SFSP) application must be submitted to and approved by the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) before the United States Department of Agriculture (USDA) Donated Foods Agreement/Offer Notice will be issued to the sponsor. The deadlines are as follows:

- April 1st for commodity deliveries in May.
- May 1st for commodity deliveries in June.

Sponsors are encouraged to read the Food Distribution Unit (FDU) Commodity Newsletter for guidance when ordering commodities for the summer. Sponsors may scan and email or fax the USDA Donated Foods Agreement/Offer Notice to the FDU. Do not mail the original form. The email address and fax number are listed on the notice.

Due to the limited number of commodities, FDU will contact sponsors who order less than eight cases to make special delivery arrangements. If you have questions or need additional information, please contact a Food Distribution Representative at 573-751-4328.



Using National School Lunch Program Commodities in the Summer Food Service Program

Schools participating in the National School Lunch Program (NSLP) now operate under single inventory rules, meaning commodities are no longer distinguishable from purchased food items. Accordingly, during the SFSP, schools may use NSLP commodities. However, schools that use a Food Service Management Company (FSMC) to prepare meals cannot use the NSLP commodities separately from purchased food items in order to credit back the value of commodities to schools. Examples of FSMC's are Opaa! and Aramark.



**Feeding the
Community**

Procurement Methods

All procurement of food, supplies, goods, and other services with program funds by sponsors must comply with procurement standards located in 7 CFR Part 225.17, 2 CFR Part 200.317-326, and FM-03-2018.

Micro-Purchase (Purchases \$10,000 or less):

FM-03-2018 implemented a micro-purchase threshold for the purchase of supplies or services, the aggregate amount of which does not exceed \$10,000. Micro-purchases may be awarded without soliciting competitive quotations if the price is considered to be reasonable and must be equitably distributed among qualified suppliers (2 CFR Part 200.320(a) and 200.67).

Small Purchase (Purchases between \$10,000 - \$250,000):

The Federal Small Purchase Threshold as it relates to all Food and Nutrition Services (FNS) program procurements under federal grants is currently set at \$250,000 (FM-03-2018 changes to Micro-Purchases and Simplified Acquisitions Threshold, September 26, 2018). This threshold allows for more small purchase procurements to be conducted using simple and informal methods, such as price or rate quotations, for securing products and services, provided that each procurement is conducted in a manner that ensures free and open competition. Price or rate quotations must be obtained from an adequate number of qualified sources prior to purchasing from one of them. The sponsor must document the date, vendors consulted, and quotes received (including verbal quotes). Store advertisements may be considered as documentation. Sponsors who contract with a commercial Food Service Management Company (FSMC) to provide Summer Food Service Program (SFSP) meals that are expected to be less than \$250,000 annually must follow the guidelines published in the *FSMC Bid Packet for contracts under \$250,000* available on the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) SFSP webpage under Applications and Forms at: www.health.mo.gov/sfsp.

Competitive Sealed Bids (Purchases over \$250,000):

When purchases are estimated to exceed the most restrictive small purchase threshold (\$250,000), sponsors must conduct a cost or price analysis (2 CFR Part 200.323). Bids are publicly solicited from two or more responsible bidders, and a bid opening evaluation must be completed by the DHSS-CFNA. A firm fixed-price contract (lump) sum or unit price is awarded to the lowest price responsive and responsible bidder whose bid conforms to all contract specifications, terms, conditions, and required provisions. Sponsors who contract with a commercial FSMC to provide SFSP meals that are expected to be more than \$250,000 annually must follow the guidelines published in the *FSMC Bid Packet for contracts over \$250,000* available on the DHSS-CFNA's SFSP webpage under Applications and Forms at: www.health.mo.gov/sfsp.

**AGREEMENT TO FURNISH FOOD SERVICE
FOR THE SUMMER FOOD SERVICE PROGRAM**

THIS AGREEMENT is made and entered into between (school) _____
_____ and (sponsor) _____
_____.

WHEREAS the (school) _____ agrees to supply unitized meals
(inclusive/exclusive) of milk and juice to (sponsor) _____ with and for
the rates herein listed:

Breakfast \$ _____ each Lunch \$ _____ each
Snacks \$ _____ each Supper \$ _____ each

It is further agreed that (school) _____, pursuant to the provisions of the
Summer Food Service Program regulations, attached copy of which is part of this agreement,
will assure that said meals meet the minimum meal pattern requirements as to components and
portion sizes, and will maintain full and accurate records that the (sponsor) _____
_____ will need to meet its responsibility including menu
records containing the amount of food prepared and daily number of meals delivered by type.

These records must be reported to the (sponsor) _____ promptly at the
end of the month. (School) _____ agrees also to retain
records required under the preceding clause for a period of 3 years from the date of receipt of
final payment under this agreement (or longer, if an audit is in progress); and upon request, to
make all accounts and records pertaining to the Program available to representatives of the U.S.
Department of Agriculture and the General Accounting Office for audit or administrative review
at a reasonable time and place.

This agreement shall be effective as of (date) _____. It may be terminated by
notice in writing given by either party hereto to the other, at least 30 days prior to the date of
termination.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the dates
indicated below:

School Official

Sponsor

Title

Date

Title

Date

Location of food preparation center(s):

Training Requirements

Training is one of the sponsor's major administrative responsibilities. Sponsors are required to train all staff in Summer Food Service Program (SFSP) requirements each year, prior to operation of their program or any site. Training must be documented with a sign-in sheet of attendees and an agenda showing topics covered. Depending on the size of the organization, a sponsor may have to conduct different types or numbers of trainings. Trainings should be conducted and documented for administrative staff, monitoring staff, and site staff. If a sponsor is collecting an advance from the SFSP, submission of proof of training is required before a second advance will be paid.

Additionally, all staff must be trained in Civil Rights. Online Civil Rights training is available at: www.health.mo.gov/sfsp.

Available for your use in this SFSP Manual is a personnel training outline. The training needs for each type of staff member are listed on the outline.

Also included is a *Documentation of Training to Program Personnel* form to document training of staff. Be aware that all sites operated by the sponsor must have at least one trained staff person at every site, every day during the meal service. For this reason, it is best to train at least two individuals for each site, if not more, in case one is not available. Sites that operate without at least one trained staff person on site during the meal service will not be able to receive reimbursement for the meals served on that day.



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Personnel Training Checklist

Manuals available at www.health.mo.gov/sfsp

Administrative Personnel:

- ☐ Refer to all SFSP guidelines
- ☐ Purpose of the Program
- ☐ Site eligibility
- ☐ Recordkeeping requirements
- ☐ Organized site activities
- ☐ Meal requirements
- ☐ Non-discrimination compliance
- ☐ Meal service
 - ✓ How meals will be provided
 - ✓ Delivery schedule
 - ✓ What records must be kept
 - ✓ What forms to use
- ☐ Duties of the monitors
 - ✓ Conduct site reviews
 - ✓ Site assignments
 - ✓ Monitoring schedule
 - ✓ Reporting procedures
 - ✓ Follow-up procedures
 - ✓ Office procedures

Monitor Personnel:

- ☐ Training for administrative personnel
- ☐ Monitoring duties/responsibilities
 - ✓ Assignment of sites
 - ✓ Conducting the site visits
 - ✓ Monitoring schedules
 - ✓ Reporting/recordkeeping requirements
 - ✓ Follow-up procedures
 - ✓ Local sanitation and health laws
 - ✓ Civil Rights requirements
 - ✓ Ethnic/Racial data collection
 - ✓ Personal safety precautions

***Attendance records are applicable for camps only.**

Site Personnel:

- ☐ Purpose of the Program
- ☐ Site eligibility
- ☐ Accurate Point of Service Meal Count Records
- ☐ Organized site activities
- ☐ Recordkeeping requirements
 - ✓ Daily recordkeeping requirements
 - ✓ Delivery receipts
 - ✓ Second meals, leftovers, spoiled meals
 - ✓ Daily labor documentation, time sheets
 - ✓ Daily meal service forms
 - ✓ Attendance records* (camps only)
- ☐ Vended site operations
 - ✓ Meal pattern requirements
 - ✓ Delivery schedules
 - ✓ Adjustments in meal delivery
 - ✓ Facilities available for storing meals
 - ✓ Who to contact about problems
 - ✓ Approved level of meal service
- ☐ Self-preparation site operations
 - ✓ Meal pattern requirements
 - ✓ Production records
 - ✓ Meal preparation adjustments
- ☐ Duties and authority of the monitors
- ☐ Civil Rights requirements, "And Justice for All" posters displayed
- ☐ Miscellaneous policies/issues
 - ✓ Inclement weather and alternate service areas
 - ✓ How to address non-program adult meals
 - ✓ How to address discipline problems
 - ✓ Review equipment, facilities, and materials available for recreational activities
 - ✓ Review trash removal requirements
 - ✓ Discuss corrective action
 - ✓ Nutrition education

Civil Rights Requirements



All participating sponsors must inform potential participants of the availability of the Summer Food Service Program (SFSP). In addition, all sponsors and their sites are required to:

- Annually, train all staff on the Civil Rights requirements for the SFSP. For your use and convenience, Civil Rights training is available online at www.health.mo.gov/sfsp.
- Display in a prominent place at the site and in the sponsor's office, the "And Justice for All" poster developed by the United States Department of Agriculture (USDA) and approved by the Food and Nutrition Service (FNS). Please contact our office for additional posters.
- Make program information available to the public upon request.
- Take reasonable steps to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English language of individuals eligible to be served or likely to be affected by the program.
- Ensure that translations are accurate concerning the availability and nutritional benefits of the program.
- Make reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program.
- Include the nondiscrimination statement, and instructions for filing a complaint, in your public release and in any program information directed to parents of participants and potential participants.
 - Complaint procedures: All civil rights complaints, written or verbal, shall be accepted and forwarded either to the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) or directly to the USDA at the address provided in the nondiscrimination statement. Anonymous complaints should be handled as any other complaint. Civil rights complaints should include as many details as possible.
 - Right to File: Any person alleging discrimination in one of the protected classes has the right to file a complaint within 180 days of the alleged action.

- Ensure that meals are served to all attending children, regardless of their race, color, national origin, sex, age, or disability.
- Ensure that all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age, or disability.

Ethnic and Racial Data

Sponsors must collect ethnic/racial category data each year by ethnic/racial category for each site under the sponsor's jurisdiction. Sponsors of residential camps must collect and maintain this information separately for each session of the camp. For all other sites, the sponsor must count the participating children at least once during the site's operation. The sponsor may use visual identification to determine a participant's ethnic/racial category. For collection purposes, a participant may be included in the group to which he or she appears to belong, identifies with, or is regarded as a member of, by the community. For sponsor ease, the Monitor Site Review Form has a section for the collection of the required ethnic/racial category data.

Meal Service Requirements

Sponsors may serve one or two meals or snacks a day at meal service sites. Sponsors may choose which combination of meals they would like to serve; however, serving lunch and supper on the same day is not allowed.

Allowable Meal Combinations

Breakfast Only	Lunch Only
Supper Only	Snack Only
Breakfast and Lunch	Breakfast and Snack
Breakfast and Supper	Lunch and Snack
Supper and Snack	Two Snacks

Meal services can be operated by different sponsors at the same site; however, the maximum number of meals allowed at a site must not be exceeded.

With the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval, camp or migrant site sponsors may serve up to three meals (including snacks) each day. Allowable meal combinations for camps or migrant site sponsors include:

- ❖ Breakfast, Lunch, and Supper.
- ❖ Breakfast, Lunch, and Snack.
- ❖ Lunch, Supper, and Snack.
- ❖ Any combination of meals or snacks that is less than the maximum number allowed.

In addition to serving meals that meet meal pattern requirements, sponsors must comply with the following rules when serving meals at each of their sites:

- The site must serve the same meal to all children.
- Children must eat all meals on site (7 CFR 225.6(e)(15)). A meal may be consumed off site only if the meal is served on a state agency approved field trip. Also, at the sponsor's discretion with a written policy, participating children may be allowed to take one fruit, vegetable, or grain item off site to eat later and still claim reimbursement for the meal. The food item taken off site must be from the child's own meal or left on a *share table by another child who did not want it.
- Meals must have all required components to be reimbursable; refer to the Summer Food Service Program (SFSP) meal pattern chart for guidance.
- All children are served one meal before any second meals are served or any adult meals are served. The purpose of second meals is to reduce waste. In order to count as a reimbursable second meal, it must contain all required components.

- Sites must adhere to local sanitation codes and health department regulations.
- Outdoor sites must have alternate arrangements for inclement weather.
- Sites must serve meals on time. Meal service times must be approved, and any changes in meal times must be reported and approved online or by calling 888-435-1464 prior to implementing the change.
- Meals to vended sites may not be delivered sooner than one hour prior to the start of the meal service, unless the site has refrigeration or the means to maintain the required safe temperatures of the meal.
- For infant meals, sponsors must receive prior approval from the DHSS-CFNA to serve meals to infants (0 to 11 months of age). All meals served to infants must comply with the Child and Adult Care Food Program (CACFP) infant meal pattern requirements. If your site is going to serve infants, please contact the DHSS-CFNA for further guidance on the approval process.
- For meals for children age one to six, sponsors must receive prior approval from the DHSS-CFNA to adjust meal portion sizes for younger children. If adjustments are allowed, all meals served to younger children must comply with the age appropriate CACFP meal pattern requirements.

***Share Tables:** Sponsors may create a “sharing table” or stations where children may return whole items that they choose not to eat. Sponsors must check that “share tables” are in compliance with state and local health and safety codes first. Unopened, unused, whole food items left on a share table are then available to other children who may want additional helpings.



Four Components in Menu Planning

Summer Food Service Program nutritional guidelines help assure that children are provided healthy foods that meet their growing needs. The four components below are used to plan meals and snacks. Additional foods may be served to provide additional nutrients. Specific food information can be found in the United States Department of Agriculture's Food Buying Guide for Child Nutrition Programs.

***Breakfast must contain the milk, grains/breads and vegetable/fruit components.**

***Lunch and Supper meals must contain all four components, including two different servings of vegetable/fruit.**

***Snacks must contain at least two different food components.**

<p>Meat/Meat Alternates</p> <p>Lean meat, poultry, fish, cheese, eggs, cooked dry beans or peas, nuts and seeds, nut and seed butters, alternate protein products, yogurt (creditable at lunch, supper and snack only).</p> <p>Specifics</p> <ul style="list-style-type: none"> • Required at lunch and supper as main dish. • Minimum creditable amount is ¼ oz. • Nuts/seeds can meet only ½ of meat requirement at meals, therefore another meat/meat alternate must be served; meets full requirement at snacks. • No more than two different meat items are creditable at one meal. • Lunch meat/cold cuts, including but not limited to hot dogs, polish sausage, little smokies, and sausage – <i>recommend to limit to no more than one time per week.</i> 	<p>Milk</p> <p>Pasteurized fluid milk, unflavored or flavored.</p> <p>Specifics</p> <ul style="list-style-type: none"> • Fluid milk is required for breakfast, lunch, and supper. Fluid milk may be served as one of two choices at snack. • Milk must be served as a beverage at lunch and supper. • Milk may be served as a beverage, served on cereal, or used for some of both at breakfast and snack.
<p>Vegetable/Fruit/Juice</p> <p>Fruits and vegetables.</p> <p>Specifics</p> <ul style="list-style-type: none"> • One serving required at breakfast. • Two different kinds required at lunch and supper. • Only 100% full strength fruit or vegetable juice is creditable. • Minimum creditable amount - 1/8 cup. • Dried beans and peas cannot count as both fruit and vegetable and meat at one meal. • Juice cannot be served with milk for snacks. • Only one vegetable/fruit creditable for snacks. <p>(Example – Cannot serve orange juice with apple wedges.)</p>	<p>Grains/Breads</p> <p>Whole grain or enriched bread, grains, cereal, crackers, pasta.</p> <p>Specifics</p> <ul style="list-style-type: none"> • Required at breakfast, lunch, and supper. • Minimum creditable amount is ¼ serving. • Ready-to-eat cereal at breakfast and snack only. • Grain-based chips are creditable only two times a week and only at lunch, snack or supper. • Sweet type breads and grains including but not limited to: coffee cake, doughnuts, sweet rolls, muffins, cereal/granola bars, and pop-tarts are creditable for breakfast and snack only, and <i>it is recommended these are limited to no more than two times per week at snack.</i>

Meal Pattern Requirements

It is important for the success of the Summer Food Service Program (SFSP) to serve nutritious meals that meet meal pattern requirements and that are appetizing to children. Careful menu planning is necessary to meet this goal. The meal pattern requirements assure well-balanced meals that supply the kinds and amounts of foods that children require to help meet their nutrient and energy needs. The meal pattern establishes the minimum portions of the various food components that must be served to each child in order for the participating sponsor to receive reimbursement for each meal (7 CFR 225.16(d)).

Breakfast

For a breakfast to be a reimbursable meal, it must contain:

- One serving (eight ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole.
- One serving of a vegetable, fruit, or full strength juice.
- One serving of grain or bread.
- A meat or meat alternate may also be served, but is optional.

Lunch and Supper

For a lunch or supper to be considered a reimbursable meal, it must contain:

- One serving (eight ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole.
- Two or more servings of vegetables and/or fruits, or 100% juice.
- One serving of a grain or bread.
- One serving of meat or meat alternate.

Snack

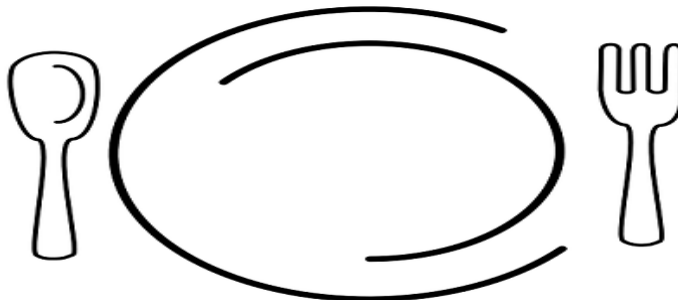
For a snack to be a reimbursable meal, it must contain two of the four components listed below:

- One serving (eight ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole.
- One or more servings of vegetables and/or fruits, or 100% juice*.
- One serving of a grain or bread.
- One serving of meat or meat alternate.

*Juice may not be served when milk is served as the only other component of a snack.

For more information, please refer to the SFSP Meal Pattern Requirements and information on creditable meal components, in the SFSP Nutrition Guidance for Sponsors:

<https://www.fns.usda.gov/sfsp/handbooks>.



Missouri Department of Health and Senior Services – Community Food and Nutrition Assistance		
Food Chart – Summer Food Service Program		
Breakfast	Fluid Milk	1 cup (8 fluid ounces) ¹
	Juice or Fruit or Vegetable	½ cup
	Bread, or	1 slice
	Cold Dry Cereal, or	¾ cup or 1 ounce ²
	Cornbread, Biscuits, Rolls, Muffins, etc., or	1 serving
	Cooked Cereal or Cereal Grains	½ cup
	Pasta, Cooked Noodles	½ cup
Lunch or Supper	Fluid Milk	1 cup (8 fluid ounces) ³
	Meat, Poultry, Fish, Cheese, or	2 ounces
	Egg, or	1 large egg
	Cooked Dry Beans, Peas, or	½ cup
	Peanut Butter or other Nut Butters, or	4 tablespoons
	Peanuts, Soy Nuts, Tree Nuts, or	1 ounce = 50% ⁴
	Yogurt, plain or sweetened, flavored	8 ounces or 1 cup
	Vegetables and/or Fruits (must serve at least two different varieties)	¾ cup total ⁵
	Grains/Breads	1 serving/1 slice
	Fluid Milk	1 cup (8 fluid ounces) ¹
Snack ⁶	Juice or Fruit or Vegetable	¾ cup
	Meat or Meat Alternate	1 ounce
	Grains/Bread	1 serving

1. Serve as a beverage, or on cereal, or use part of it for each purpose.

2. Either volume (cup) or weight (ounces), whichever is less.

3. Must be served as a beverage.

4. No more than 50% of the requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement.

5. Serve two or more kinds. Full-strength juice may be counted to meet not more than one-half of this requirement.

6. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component.

Note: All grain/bread items must be enriched or whole grain, made from enriched or whole grain meal or flour, or if it is a cereal, the product must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole grain meal or flour.

This institution is an equal opportunity provider.

Milk Purchase Requirement

Fluid milk is a required meal component at all breakfast, lunch, and supper meals. Milk purchase requirements are based on the sponsor's monthly claim for reimbursement for these meals. Use the following information in order to adequately purchase enough milk to meet the meal pattern requirements for the number of meals you serve:

Common Milk Measurements

Required Serving Size per Meal	Container Size	Number of Servings per Container
8 ounces (oz.)	Half pint (8 oz.)	1
8 ounces (oz.)	Gallon jug	16

If you are serving half pint (eight oz.) containers, you must purchase enough half pints to cover serving *at least* one per meal. If you are purchasing gallon jugs of milk and are pouring eight oz. (required) cups of milk to serve with meals, then you must purchase *at least* 1 gallon of milk for every 16 meals you serve.

For example: If your claim for reimbursement is a total of 1,527 breakfasts and lunches, then your required milk purchase is as follows:

For gallons:

1. $1,527 \times 8 \text{ ounces} = 12,216 \text{ ounces of milk needed total.}$
2. There are 128 ounces of milk per gallon.
3. $12,216 \text{ divided by } 128 = 95.4 \text{ gallons of milk needed.}$

For half pints:

$$1,527(\text{meals claimed}) = 1,527 \text{ half pints (8 oz.)}$$

Using this example, you would be required to have purchased either 95½ gallons or 1,527 half pints of milk to meet minimum meal pattern requirements for your claim. You must provide proof of purchase of enough milk at the time of a review. If inadequate milk is purchased for the number of meals claimed, disallowances may be made by the Department of Health and Senior Services-Community Food and Nutrition Assistance.



Meal Pattern Substitution

In order to claim a meal for reimbursement, all required food components must be served in at least the minimum serving size required per age group(s). Exceptions to this requirement occur under the following circumstances:

Substitution for a Documented “Disability” (42 U.S. Code Sec. 12102)

Meal pattern substitutions (accommodations) must be made when a condition recognized as a “disability” is documented by a recognized medical authority. A participant with a “disability” is any person who has a physical or mental impairment which substantially limits one or more “major life activities,” has a record of such impairment, or is regarded as having such an impairment. For purposes of identifying individuals with disabilities, the list of “major life activities” has expanded to include a category called “**major bodily functions.**”

Meal sites participating in the Summer Food Service Program (SFSP) are required to make substitutions or modifications to the meal pattern for a participant with a disability that restricts his/her diet. Substitutions must be made on a case by case basis and only when supported by a written statement signed by a recognized medical authority (licensed physician, physician’s assistant, or nurse practitioner) which explains the need for substitutions and includes recommended alternate foods. The medical statement must be kept on file and identify:

- The participant’s disability and an explanation of why the disability restricts the participant’s diet.
- The major life activity affected by the disability.
- The food or foods to be omitted from the participant’s diet **and** the food or foods that must be substituted.

NOTE: Reimbursement for meals served with documented food substitutions are claimed at the same reimbursement rate as meals which meet the meal pattern. The site may not charge for the substituted food item – substitutions that exceed program reimbursement are at the sponsor’s expense.

Substitution for Medical or Special Dietary Reasons – *Not* a Disability

Substitutions *may* be made on a case by case basis (at the discretion of the sponsor) for a participant who is unable to consume a **food item** because of a medical or other special dietary need but who is *not* disabled. Meal pattern substitutions or modifications for foods (other than milk) may be honored only when a written statement signed by a recognized medical authority (licensed physician, physician’s assistant, or nurse practitioner) is available. The written statement must contain the information detailed above.

Non-Dairy Milk Substitutions

Schools participating in the Seamless Summer Option (SSO) or in the SFSP and following the National School Lunch Program meal patterns may offer non-dairy milk substitutes to children who cannot consume fluid milk due to a medical or special dietary need that does not rise to the level of a disability. Schools must receive a written request from a recognized medical authority or a parent or guardian that identifies the child’s medical or dietary reason for needing a milk substitute (7CFR 210.10(m)(2)). In addition, in order for the meal to be reimbursable, non-dairy beverages served in lieu of fluid milk must be nutritionally equivalent to milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B-12 (7 CFR 210.10(d)(3)). Schools that decide to not offer milk substitutions for

children with medical or special dietary needs must communicate this decision to all households.

Acceptable fluid milk substitutes must contain the following nutrients in the quantities specified in order to be considered nutritionally equivalent to fluid cow's milk:

Fluid Milk Substitute - Minimum Nutrient Requirements

Nutrient	Per one (1) cup (8 ounces)
Calcium	276 mg.
Protein	8 gm.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

Non-Dairy Beverages meeting USDA Substitution criteria per 8 fluid ounces include:

8th Continent - Original Soymilk and Light Chocolate Soymilk;

Pacific Natural - 2 varieties of Ultra Soymilk: Plain and Vanilla;

Kikkoman - 2 varieties of Pearl Organic Soymilk: Creamy Vanilla and Chocolate;

Great Value (Walmart) - Original soymilk;

Sunrich Naturals - 2 varieties: Original and Vanilla; and

Silk - Original Soymilk.

NOTE: The above nutritionally equivalent non-dairy beverage products may not be available in all Missouri locations.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
MEDICAL FOOD SUBSTITUTION RECORD

Authorization by a recognized medical authority is required for food substitutions to the Summer Food Service Program meal pattern. A recognized medical authority includes a physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PARTICIPANT'S NAME:	DATE OF BIRTH
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MEDICAL CONDITION / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:
--

FOOD SUBSTITUTION LIST:

Fluid Milk	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Meat & Meat Alternates (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.)	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Bread, Cereal or Whole Grain Products	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Fruits & Vegetables or Juice	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

--

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

SIGNATURE OF MEDICAL AUTHORITY	TITLE	DATE
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Processed Food Documentation - What To Look For

The USDA released two policy memos on March 11, 2015 [SFSP 12-2015 and SFSP 13-2015], detailing two types of acceptable documentation approved to verify meal pattern compliance: **Child Nutrition (CN) label OR a manufacturer's Product Formulation Statement (PFS).**

Type #1 CN label:

The Child Nutrition Labeling Program is administered by the United States Department of Agriculture (USDA), Food and Nutrition Service (FNS) in cooperation with the following agencies: Agriculture Marketing Service (AMS), Food Safety and Inspection Service, and National Marine Fisheries Service. **The CN label is the gold standard for verifying the crediting of menu items and provides a warranty against audit claims when the product is used according to the manufacturer's instructions.**

A CN label statement clearly identifies the contribution of a product toward the meal pattern requirements, how the purchased product contributes to the meat/meat alternate, and any other components such as vegetables, fruit, or grain in frozen products such as: breaded beef patties, breaded chicken nuggets, breaded fish sticks, pork tenderloin/fritter, pizza, burrito, BBQ rib patty, egg rolls, and canned or frozen ravioli.

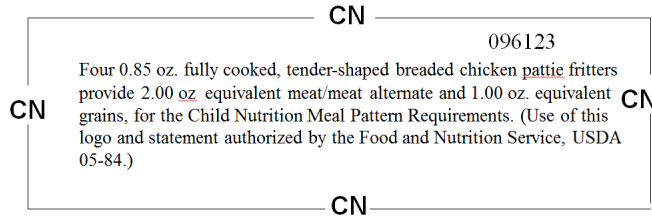
Per policy memos SFSP 12-2015 and SFSP 13-2015, acceptable and valid documentation for the CN label includes:

- The original CN label removed from the product carton.
- A photocopy of the CN label shown attached to the original product carton.
- A photograph of the CN label shown attached to the original product carton.
- CN labels that are photocopied or photographed must be visible and legible.

NOTE: If none of the required documentation is available, program operators may provide the bill of lading or invoice containing the product name and a hard or electronic copy of the CN label with a watermark displaying the product name and CN number provided by the vendor. A CN label with a watermark is used when the CN logo and contribution statement are used on product information other than the actual product carton and is presented as a separate document. Manufacturers may provide schools (not common for Child and Adult Care Food Program providers) with a CN label with a watermark during the bidding process. Original CN labels on product cartons will not have a watermark.

The CN label product will always contain:

- The CN logo, which has a distinct border.
- A unique six-digit product identification number appearing in the upper right hand corner of the CN label.
- The USDA/FNS authorization statement.
- The month and year of the final approval.



The six-digit CN identification number in the upper right corner is assigned by the AMS-CN Labeling Program Operations Office. The date found at the end of the statement reflects the month/year of final approval.

Type #2 PFS:

The PFS should only be requested when reviewing a processed product without a CN label. PFSs are written and provided by individual manufacturers and are not commonly seen with SFSP sponsors. *It is the sponsor's responsibility to request and verify that the processed food documentation is accurate prior to purchasing processed products.* PFS templates for each meal component are available on the CN labeling website at:

<https://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>. Manufacturers may use PFS templates as a guide to help develop a PFS. However, they are not required to use the same format as the USDA's template, but they must present the same information on their company letterhead. It should be noted that a PFS does not provide any warranty against audit claims. Unlike CN labels, a PFS that claims a meal pattern contribution is not a guarantee of USDA meal pattern compliance and can be disputed during an SFSP monitoring review.

The answer to each of the following questions should be yes:

- Is the PFS on signed company letterhead? The signature can be handwritten, stamped, or electronic.
- Does the PFS include product name, product code number, and a serving/portion size?
- Do the creditable ingredients listed on the PFS match or have similar description to the ingredients listed on the product label? For example, if the PFS lists ground beef, not more than 20% fat, the product label should also list ground beef, not more than 20% fat.
- Do the creditable ingredients listed on the PFS match or have a similar description to a food item listed in the Food Buying Guide for Child Nutrition Programs?
- If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If yes, does the manufacturer provide supporting documentation that meets USDA APP requirements?
- Does the PFS demonstrate how creditable ingredients contribute toward the meal pattern requirements?
- Are the manufacturer's calculations correct and verified?

The PFS should include:

- Weight of raw portion; percent of raw meat or poultry; percent of fat of raw meat.
- Weight of an APP, if applicable; percent of an APP on an as-is basis for the as-purchased product; certification that an APP meets the USDA, FNS requirements.
- Product's total creditable amount of product per portion towards the meal pattern.
- Certification statement that the PFS is an accurate verification of meal pattern compliance.
- Original signature and title of company official and date.

Product Formulation Statement (PFS) – *Approved Example:*

XYZ Burrito Factory (Manufacturer's Letterhead)

Effective Date: August 23, 2020 Product No. 9999

Total weight of precooked product: 4.00 oz.

Total of raw meat: 0.650 oz.

Percent of fat of raw meat: Not to exceed 30%

Weight of dry Volume per Portion: 0.094 oz.

Weight of liquid used to hydrate APP: 0.176 oz.

Percent of Protein in dry APP: 52%

Weight of raw meat and hydrated APP: 0.920

Type of APP used: XX Flour: _____ Isolate: _____

Weight of other ingredients: 1.005 oz.

Weight of pinto beans: 0.325 oz. Factored Wt. 0.503

Weight of cheese: none

Weight of cooked meat with APP: 0.64 oz.

Total weight of filling: 2.25 oz.

Total weight of enriched flour tortilla: 1.75 oz. 1.59 serving

I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternative toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which federal reimbursement will be claimed, and that records are available to support the information indicated above. The APP used conforms to Food and Nutrition Service regulations. This product formulation will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: _____ cases – Red Chili Beef, Bean and Chicken Burrito, 4.00 oz. Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat/alternate and 1.50 bread servings.

_____*James Smith* Director of Manufacturing

James Smith

Title

XYZ Burrito Factory

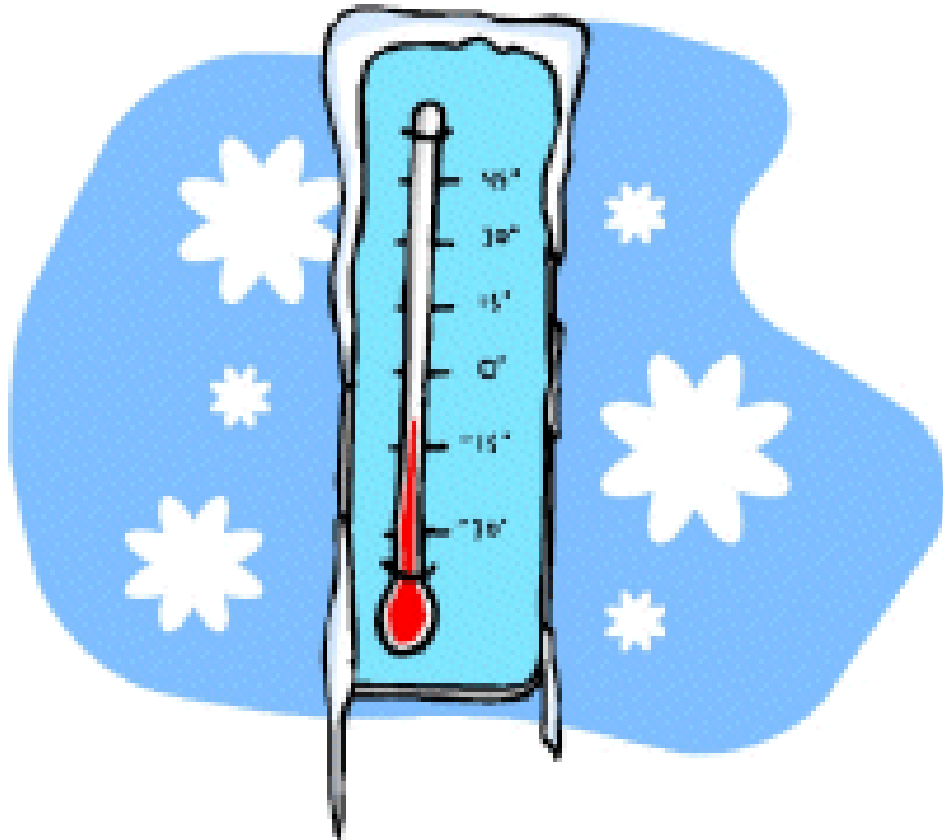
August 23, 2020

A product formulation statement is a detailed information sheet from the product manufacturer. It identifies the weight of the food components in the product and the product's contribution to the Child Nutrition Meal Pattern Requirements.

Key components of the product formulation statement include:

- The product name; may include a description of the product or product code.
- The food components in the product that contribute to the meal pattern requirements.
- The raw and/or cooked weights of the components that contribute to the meal pattern requirement.
- The products total contribution towards the meal pattern requirement.

- A statement that any APP used in the product conforms to the USDA, FNS regulations (7 CFR Parts 210, 220, 225, 226, Appendix A).
- The original signature of a company official.
- The date.



Offer Versus Serve Meal Service

Children who are offered food choices are more likely to eat the foods they enjoy rather than throw the food away. Offer Versus Serve (OVS) is an approach to menu planning and meal service that helps summer meal sponsors reduce food waste and costs, while maintaining the nutritional value of the meal. OVS means that children are offered all of the components of the meal pattern, but are not required to take all of them. Children can choose the food they intend to eat and can decline some of the food offered at the Summer Food Service Program (SFSP) breakfast, lunch, or supper meals. OVS cannot be used with snack services.

School sponsors may request to use either the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) meal pattern requirements or the SFSP meal pattern requirements. School sponsors that choose to use the NSLP or the SBP meal patterns must follow the OVS requirements under 7 CFR 210.10(e) and 7 CFR 220.8(e). School sponsors must receive prior approval before utilizing the SFSP meal pattern for OVS.

All other sponsors **approved** to use OVS must follow the SFSP requirements that are outlined here. These requirements support the practice of offering a variety of food choices for children, increase the likelihood that children will select foods they prefer, reduce food waste, and ensure that children are receiving enough food to meet their nutritional needs.

Requirements:

- ✓ **Sponsors must receive prior approval from the Department of Health and Senior Services (DHSS) to implement OVS.** Sponsors may not appeal the denial of an OVS request; however, they may submit another request the next operating year.
- ✓ All required food and food components, in the required serving size, must be offered.

Breakfast

The meal pattern for breakfast consists of three food components:

- One serving of fruit/vegetable.
- One serving of bread/grain.
- One serving of fluid milk.

However, for OVS, four different **food items** must be offered.

- A child must take three of the four food items and by turn, may only decline one food item.
- The fourth food item can be a fruit/vegetable, bread/grain, or meat/meat alternate.
- All of the food items must be different from each other. For example, two slices of toast would not qualify as two different items.
- All of the components must meet the minimum required serving amounts.



Lunch and Supper

The meal pattern for lunch and supper consist of four food components:

- One serving of meat/meat alternate.
- Two different items of fruit/vegetable.
- One serving of bread/grain.
- One serving of fluid milk.

For OVS at lunch and supper:

- All of the components must meet the minimum required serving amounts for at least five food items.
- All of the food items must be different from each other.
- A child must take at least three different food **components**.

If a site runs out of a food component, all meals after that point must be disallowed if the site is unable to offer children a complete reimbursable meal.

Combination Foods in OVS

A combination food contains more than one food item from different food components that cannot be separated. Pizza is an example. Combination foods, served as an entrée or main dish, may be credited as the meat/meat alternate plus a maximum of two of the required meal components, if amounts of each are sufficient to meet the meal pattern requirements.

- Combination foods may **not** be declined for breakfast because a child may only decline one of the three required items.
- Combination foods containing more than two food components may not be declined during lunch or supper because a child may only decline two food items.





Serving Local Foods

Local foods can play an important role in creating and promoting a healthy environment for children. A growing body of research demonstrates several positive impacts of serving local foods and providing food education through Child Nutrition Programs like the Summer Food Service Program (SFSP). These positive impacts include increased participation and engagement in meal programs, consumption of healthier options, and support of local economies. There is also a well-established public interest in supporting local and regional food systems, and a growing interest in aligning local food sources with summer meal programs.

Serving local foods can improve meal quality and appeal, encourage kids and teens to develop healthy eating habits, and educate them about where their food comes from. Summer is often a time of agricultural abundance which can reduce food costs. Purchasing local foods can support regional economic development, while also providing wholesome products to kids. Sponsors can purchase local foods directly from farmers, through distributors or Food Service Management Companies, from food hubs, farmers' markets, Community Supported Agricultures (CSAs), and school or community gardens. For more information on finding, buying, and serving local foods, please visit the United States Department of Agriculture's Farm to Summer website: <https://www.fns.usda.gov/farmtoschool/farm-summer>.

Farm to Summer encompasses a variety of efforts that might include:

- Serving locally sourced foods in summer meals.
- Choosing "edible" meal sites, like farmers' markets, or school or community gardens.
- Organizing gardening activities; contact garden-based organizations in your area or seek out Master Gardeners to provide free gardening lessons around meal times.
- Taste testing with locally-produced foods.
- Celebrating local foods in kick-offs or other special events.
- Hosting cooking demonstrations with local foods, or sharing recipe cards.
- Taking field trips to farmers' markets or farms.
- Hosting farmer visits to summer meal sites.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
MENU – MEAL TEMPLATE

Name of Sponsor					
Name of Site		Week of			Year
Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday
Meat/Meat Alternate					
Fruit or Vegetable					
Grain/Bread					
Fluid Milk					
Other Foods					
Snack Serve 2 of 4					
Meat / Meat Alternate					
Fruit and/or Vegetable					
Grain/Bread					
Fluid Milk					
Other Foods					
Lunch					
Meat/ Meat Alternate					
Fruit and/or Vegetable 2 servings					
Grain/Bread					
Fluid Milk					
Other Foods					

Note: Minimum serving sizes per age group and meal requirements as listed on the meal Food Charts must be followed for a creditable **SFSP** meal.

Lunch/Supper

Requirements for ages 6 – 18 years:

Meat/Meat Alternate – 2 oz.

Fruit/Vegetable – ¾ cup total

(Must serve at least 2 different varieties of fruit/vegetable)

Bread/grain – 1 slice or equivalent

Milk – 8 oz. or 1 cup (1/2 pint)

Sample Cold Lunch Menus

Milk Ham & cheese pita sandwich Carrot sticks Fresh blueberries	Milk Turkey & cheese on bun Cucumber slices Mixed fruit cup	Milk Ham & cheese hoagie roll Lettuce & tomato Apple	Milk Roast beef & cheese on bread Celery sticks Fresh banana	Milk HM Chicken salad Whole grain crackers Fresh broccoli Melon cubes
Milk Turkey/ham/cheese wrap Carrot sticks Peach slices	Milk Turkey/cheese in pita pocket Fresh peach Celery sticks	Milk Roast beef & cheese hoagie Black bean & corn salad Sliced pears	Milk HM Tuna salad on bread Tomato slices Watermelon	Milk Chef salad w/ turkey/ham/cheese WG crackers Mixed berries
Milk Turkey or ham and cheese on bun Cherry tomatoes Banana	Milk Roast beef & cheese on bun Spring mix salad Strawberries	Milk Peanut butter/jelly sandwich Cheese stick Fresh broccoli Watermelon	Milk Turkey & swiss cheese on bagel Carrot sticks Apple	Milk HM Tuna or chicken salad pita pocket Lettuce & tomato Orange slices

HM = Homemade

WG = Whole Grain



Sample Hot Lunch Menus

Milk CN Chicken patty on bun Tater tots Blueberries	Milk Sliced roast beef Mashed potatoes Gravy Roll Peaches	Milk Hamburger on bun Corn on the cob Pineapple slices	Milk Chicken fajita Flour tortilla Refried beans Salsa Kiwi	Milk Sub sandwich with 1 oz. each turkey & cheese Oven fries Watermelon
Milk HM baked chicken Baby carrots Applesauce Roll	Milk Fish taco Lettuce, tomato, cheese Corn Salsa	Milk Cashew chicken with brown rice Mixed vegetables Clementines	Milk Spaghetti with turkey meat sauce Broccoli Apple wedges	Milk Vegetable soup Grilled cheese sandwich Banana
Milk HM sloppy joe on bun Coleslaw Grapes	Milk Fish fillet Green beans Bread Strawberries	Milk HM or CN pizza Carrot sticks Blackberries	Milk Meatloaf Mashed potatoes Roll Cantaloupe	Milk CN corn dog Baked beans Banana
Milk HM chicken tetrizzini with noodles Peas Strawberries	Milk Meatball sub Garden salad Whole wheat bun Watermelon	Milk Baked potato with chili (ground beef) Broccoli Grapes	Milk Baked ham Cauliflower Dinner roll Melon cubes	Milk Beef taco Whole wheat tortilla Black beans & corn Roll Oranges

CN = Child Nutrition Label

HM = Homemade



Breakfast

Requirements for ages 6 – 18 years:

Milk – 8 oz. or 1 cup (1/2 pint)

Fruit/Vegetable – ½ cup total

Bread/grain – 1 slice or equivalent

Sample Breakfast Menus

Milk Oatmeal spiced with cinnamon and vanilla Yogurt Applesauce	Milk Cinnamon raisin biscuit Sausage Clementines	Milk Bagel Peanut butter Banana	Milk Whole grain cereal Cheese stick Cantaloupe cubes	Milk Whole grain waffle Baked ham slice Blueberries
Milk Biscuit (with gravy as an optional item) Apricots	Milk Ham Whole grain pancake Grapes	Milk Cheese breakfast pizza on English muffin Orange wedges	Milk Blueberry muffin Boiled egg Apple wedges	Milk Whole grain cereal Sausage Banana
Milk French toast sticks Sausage Pineapple cubes	Milk Biscuit Scrambled eggs Honeydew melon	Milk Whole grain cereal Banana Yogurt	Milk Oatmeal Peanut butter Orange wedges	Milk Refried bean & cheese tortilla Melon cubes

BREAKFAST



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FORM
(Instructions on second page)

Name of Site:					Date:				
Meal: (circle one) Breakfast A.M. Snack Lunch P.M. Snack Supper					Site Supervisor:				
Delivery Time:		Total Meals Delivered/Prepared:		Delivery Temperature:		Meal Service Time: Begin: End:			

First Meals Served to Children:

1	30	59	88	117	146	175	204	233	262	291	320	349	378	407	436	465	494	523	552	581
2	31	60	89	118	147	176	205	234	263	292	321	350	379	408	437	466	495	524	553	582
3	32	61	90	119	148	177	206	235	264	293	322	351	380	409	438	467	496	525	554	583
4	33	62	91	120	149	178	207	236	265	294	323	352	381	410	439	468	497	526	555	584
5	34	63	92	121	150	179	208	237	266	295	324	353	382	411	440	469	498	527	556	585
6	35	64	93	122	151	180	209	238	267	296	325	354	383	412	441	470	499	528	557	586
7	36	65	94	123	152	181	210	239	268	297	326	355	384	413	442	471	500	529	558	587
8	37	66	95	124	153	182	211	240	269	298	327	356	385	414	443	472	501	530	559	588
9	38	67	96	125	154	183	212	241	270	299	328	357	386	415	444	473	502	531	560	589
10	39	68	97	126	155	184	213	242	271	300	329	358	387	416	445	474	503	532	561	590
11	40	69	98	127	156	185	214	243	272	301	330	359	388	417	446	475	504	533	562	591
12	41	70	99	128	157	186	215	244	273	302	331	360	389	418	447	476	505	534	563	592
13	42	71	100	129	158	187	216	245	274	303	332	361	390	419	448	477	506	535	564	593
14	43	72	101	130	159	188	217	246	275	304	333	362	391	420	449	478	507	536	565	594
15	44	73	102	131	160	189	218	247	276	305	334	363	392	421	450	479	508	537	566	595
16	45	74	103	132	161	190	219	248	277	306	335	364	393	422	451	480	509	538	567	596
17	46	75	104	133	162	191	220	249	278	307	336	365	394	423	452	481	510	539	568	597
18	47	76	105	134	163	192	221	250	279	308	337	366	395	424	453	482	511	540	569	598
19	48	77	106	135	164	193	222	251	280	309	338	367	396	425	454	483	512	541	570	599
20	49	78	107	136	165	194	223	252	281	310	339	368	397	426	455	484	513	542	571	600
21	50	79	108	137	166	195	224	253	282	311	340	369	398	427	456	485	514	543	572	601
22	51	80	109	138	167	196	225	254	283	312	341	370	399	428	457	486	515	544	573	602
23	52	81	110	139	168	197	226	255	284	313	342	371	400	429	458	487	516	545	574	603
24	53	82	111	140	169	198	227	256	285	314	343	372	401	430	459	488	517	546	575	604
25	54	83	112	141	170	199	228	257	286	315	344	373	402	431	460	489	518	547	576	605
26	55	84	113	142	171	200	229	258	287	316	345	374	403	432	461	490	519	548	577	606
27	56	85	114	143	172	201	230	259	288	317	346	375	404	433	462	491	520	549	578	607
28	57	86	115	144	173	202	231	260	289	318	347	376	405	434	463	492	521	550	579	608
29	58	87	116	145	174	203	232	261	290	319	348	377	406	435	464	493	522	551	580	609

Total First Meals Served _____

Complete Second Meals Served to Children:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Second Meals Served to Children _____

NON-REIMBURSABLE MEALS

Meals Served to Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Meals Served to Program Adults _____

Meals Served to Non-Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adult Meals _____

Site Supervisor's Signature:	Date:
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Instructions for Completing the Daily Meal Count Form

- **Name of Site:** Enter the name of the approved SFSP site.
- **Date:** Enter the complete date (mm/dd/yy) for which the meal count is being completed.
- **Meal:** Circle the meal for which the count is being completed.
- **Site Supervisor:** *Print* or *type* the site supervisor's first and last name.
- **Delivery Time:** If meals are delivered to the site, enter the time the meals arrived at the site.
- **Total Meals Delivered/Prepared:** Enter the number of meals that were delivered or prepared.
- **Delivery Temperature:** If meals are delivered to the site, take the meal and milk temperatures and record the temperatures in the space provided.
- **Meal Service Time:** Enter the time the meal service begins and ends.
- **First Meals Served to Children:** As meals are served to children (i.e., at the point of service), put a slash mark through each consecutive number. Only count *complete* meals (containing all required components) served to children.
- **Second Meals Served to Children:** After all children have been served a first meal, put a slash mark through each consecutive number for any second meals served to children. Only count second meals that are *complete* (contain all required components).
- **Meals Served to Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of *complete* program adult meals served (these meals must meet all SFSP meal pattern requirements). Program adults are those adults who are involved in cooking and serving the meal and/or supervising children during the meal service.
- **Meals Served to Non-Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of non-program adult meals served. Non-program adults are those adults, paying or not, who are not directly involved in the meal service. This includes, but is not limited to, teachers or other school faculty or staff seated at a separate table from children, parents, and other guests.
- **Total Meals Served:** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- **Total Leftover Meals:** Enter the number of meals left over after the meal service. Total Meals Served + Total Damaged Meals + Total Leftover Meals should be equal to Total Meals Delivered (or prepared).
- **Total Damaged Meals:** Enter the number of meals that were damaged and therefore not served (generally applies only to sites that have meals delivered or to sites serving packaged or unitized meals).
- **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature:** Once the form is complete, the site supervisor must sign and date the form. The site supervisor is responsible for verifying that the meal counts have been recorded accurately. The meal count form will not be considered valid without the site supervisor's signature and date.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FORM
 (Instructions on second page)

Name of Site:			Date:		
Meal: (circle one) Breakfast A.M. Snack Lunch P.M. Snack Supper			Site Supervisor:		
Delivery Time:		Total Meals Delivered/Prepared:	Delivery Temperature:		Meal Service Time: Begin: End:

First Meals Served to Children:

1	30	59	88	117	146	175	204	233	262	291
2	31	60	89	118	147	176	205	234	263	292
3	32	61	90	119	148	177	206	235	264	293
4	33	62	91	120	149	178	207	236	265	294
5	34	63	92	121	150	179	208	237	266	295
6	35	64	93	122	151	180	209	238	267	296
7	36	65	94	123	152	181	210	239	268	297
8	37	66	95	124	153	182	211	240	269	298
9	38	67	96	125	154	183	212	241	270	299
10	39	68	97	126	155	184	213	242	271	300
11	40	69	98	127	156	185	214	243	272	301
12	41	70	99	128	157	186	215	244	273	302
13	42	71	100	129	158	187	216	245	274	303
14	43	72	101	130	159	188	217	246	275	304
15	44	73	102	131	160	189	218	247	276	305
16	45	74	103	132	161	190	219	248	277	306
17	46	75	104	133	162	191	220	249	278	307
18	47	76	105	134	163	192	221	250	279	308
19	48	77	106	135	164	193	222	251	280	309
20	49	78	107	136	165	194	223	252	281	310
21	50	79	108	137	166	195	224	253	282	311
22	51	80	109	138	167	196	225	254	283	312
23	52	81	110	139	168	197	226	255	284	313
24	53	82	111	140	169	198	227	256	285	314
25	54	83	112	141	170	199	228	257	286	315
26	55	84	113	142	171	200	229	258	287	316
27	56	85	114	143	172	201	230	259	288	317
28	57	86	115	144	173	202	231	260	289	318
29	58	87	116	145	174	203	232	261	290	319

Total First Meals Served _____

Complete Second Meals Served to Children:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Second Meals Served to Children _____

NON-REIMBURSABLE MEALS

Meals Served to Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Meals Served to Program Adults _____

Meals Served to Non-Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
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Total Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adult Meals _____

Site Supervisor's Signature:	Date:
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Instructions for Completing the Daily Meal Count Form

- **Name of Site:** Enter the name of the approved SFSP site.
- **Date:** Enter the complete date (mm/dd/yy) for which the meal count is being completed.
- **Meal:** Circle the meal for which the count is being completed.
- **Site Supervisor:** *Print* or *type* the site supervisor's first and last name.
- **Delivery Time:** If meals are delivered to the site, enter the time the meals arrived at the site.
- **Total Meals Delivered/Prepared:** Enter the number of meals that were delivered or prepared.
- **Delivery Temperature:** If meals are delivered to the site, take the meal and milk temperatures and record the temperatures in the space provided.
- **Meal Service Time:** Enter the time the meal service begins and ends.
- **First Meals Served to Children:** As meals are served to children (i.e., at the point of service), put a slash mark through each consecutive number. Only count *complete* meals (containing all required components) served to children.
- **Second Meals Served to Children:** After all children have been served a first meal, put a slash mark through each consecutive number for any second meals served to children. Only count second meals that are *complete* (contain all required components).
- **Meals Served to Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of *complete* program adult meals served (these meals must meet all SFSP meal pattern requirements). Program adults are those adults who are involved in cooking and serving the meal and/or supervising children during the meal service.
- **Meals Served to Non-Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of non-program adult meals served. Non-program adults are those adults, paying or not, who are not directly involved in the meal service. This includes, but is not limited to, teachers or other school faculty or staff seated at a separate table from children, parents, and other guests.
- **Total Meals Served:** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- **Total Leftover Meals:** Enter the number of meals left over after the meal service. Total Meals Served + Total Damaged Meals + Total Leftover Meals should be equal to Total Meals Delivered (or prepared).
- **Total Damaged Meals:** Enter the number of meals that were damaged and therefore not served (generally applies only to sites that have meals delivered or to sites serving packaged or unitized meals).
- **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature:** Once the form is complete, the site supervisor must sign and date the form. The site supervisor is responsible for verifying that the meal counts have been recorded accurately. The meal count form will not be considered valid without the site supervisor's signature and date.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
WEEKLY CONSOLIDATED MEAL COUNT

Site Name and Address:		Week of:																	
		Monday			Tuesday			Wednesday			Thursday			Friday			Weekly Totals		
		Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack
Number of Meals Ordered																			
Meals Received or Prepared																			
Leftover Meals from Previous Day																			
First Meals Served to Children																			
Second Meals Served to Children																			
Total Meals Served																			
Meals Served to Program Adults																			
Meals Served to Non-Program Adults																			
Total Damaged/Incomplete Meals																			
Total Leftover Meals																			
Income from Adult Meals																			
Comments																			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)

Completed by:
☐ Sponsor
☐ DHSS Reviewer

SITE MEAL COUNT CONSOLIDATION FORM

Sponsor Name:

Site Name: Month/Year:

	Breakfast		Lunch		Supper		Snack	
Date	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Site Totals	0	0	0	0	0	0	0	0

Instructions for Completing the Site Meal Count Consolidation Form

This is an optional form. It should be used to consolidate the meal counts for each site, one form per site. The totals from each site's worksheet should be added to get the sponsor's monthly claim totals. If the sponsor has only one site, this form may be used in lieu of the Monthly Consolidation Form.

This form is available as an Excel spreadsheet at:

<https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/forms.php>

Or call 888-435-1464 or email sfsp@health.mo.gov to request an email with the form attached.

Sponsor Name: Enter the sponsoring organization's name.

Site Name: Enter the name of the site for which meal counts are being recorded

Month/Year: Enter the name of the month and year for which meal counts are being recorded.

Date: For each calendar date, enter the number of breakfasts, lunches, suppers and/or snacks served as first meals to children and second meals to children. Do not enter meals on dates the site wasn't open (such as Saturdays, Sundays, and holidays), and do not enter numbers for meals that weren't approved and served (e.g., if the site is approved to serve breakfasts and lunches, do not record meals under suppers and snacks).

Site Totals: Enter the totals for each column; if using the Excel spreadsheet, totals will calculate.

Multiple Site Totals: When one form is complete for each site, use the space below to add the Site Total for Child 1st Meals for Breakfast from each site's form, to get the total breakfast first meals served to children for the month. Add each additional column in the same manner for each site, to get all other totals for the monthly consolidation form and claim for reimbursement.

Sponsor Name:					Month/Year:			
	Breakfast		Lunch		Supper		Snack	
Site Name or Number	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
Total Meals	0	0	0	0	0	0	0	0

Non-Reimbursable Meals

When counting and consolidating meals, please be advised that the following meals are not eligible or allowed for reimbursement:

- Meals served to adults. Do not claim meals served to program or non-program adults.
- Meals that do not meet meal pattern requirements.
- Meals served at unapproved sites.
- Meals consumed off site. Sponsors must notify the Department of Health and Senior Services-Community Food and Nutrition Assistance 24 hours in advance and get approval of all field trips.
- Meals consumed off site under the Demonstration Project for Non-Congregate Feeding for Outdoor Summer Meal Sites where the site has not been preapproved by application, and where a heat advisory, watch, or warning has not been issued for the site in question.
- Meals not served to children (leftover meals).
- Second meals served in excess of 2% of the total of first meals served in a claim period. All second meals served should be shown on the claim for reimbursement. However, reimbursement for second meals will be limited to only 2% of first meals served, or actual second meals served, whichever is less.
- Meals not served as a complete unit (except in approved “offer versus serve” sites where complete meals must be offered to participants).
- Meal patterns or types not approved by state agencies.
- Meals served at sites not approved by state agencies.
- More than one meal served to a child at a time (this is not referencing second meals served after all children have been served a first meal).
- Meals served outside of approved timeframes or approved dates of operation.
- Meals served to ineligible children in camps (those not meeting the income eligibility guidelines for free or reduced-price school meals).
- Meals that are spoiled or damaged.
- Meals in excess of the sites’ approved level of meal service (capacity for vended sponsors).
- Meals that were not served.
- Meals served to anyone other than eligible children.



Production Records

Self-preparation sites and Central kitchen operations

Although not required at self-preparation sites or central kitchen operations, production records can be a valuable management and planning tool.

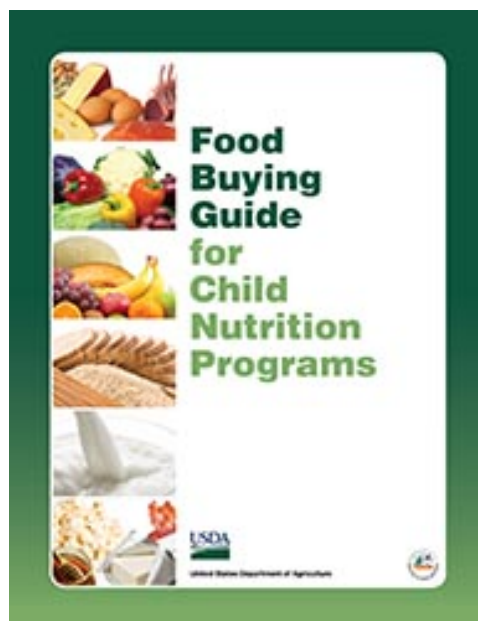
Vended Sites

Food production records are required for vended sites. The minimum requirements for production records are:

- List all food items used. Do not include condiments or seasonings.
- List the total amount of each food item used. Record specific quantities in pounds, package sizes, can sizes, and weights.
- Maintain production records for all meals and snacks served.
- List the total number of meals served to:
 - ✓ Eligible children.
 - ✓ Program adults.
 - ✓ Non-program adults.
 - ✓ Ineligible children.

Food Buying Guide for Child Nutrition Programs

The United States Department of Agriculture's **Food Buying Guide for Child Nutrition Programs**, can help you determine the amount of food to purchase based on the number of servings needed and is available under Manuals on the Summer Food Service Program website: <http://www.health.mo.gov/sfsp>.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
FOOD PRODUCTION RECORD

Sponsor:							
Site Name:							
Date:							
Breakfast (E X F = G)							
A Food Components	B Food Items Used	C Serving Size	D Purchase Units (lbs., can, size, etc.)	E Servings per Purchase Units Used	F Number of Purchase Units Used	G Total Servings Prepared	H Number of Meals Served
Milk							
Meat/Alternate							
Fruit/Vegetable							
Grain/Bread							
Optional Foods							
Lunch/Supper (E X F = G)							
A Food Components	B Food Items Used	C Serving Size	D Purchase Units (lbs., can, size, etc.)	E Servings per Purchase Units Used	F Number of Purchase Units Used	G Total Servings Prepared	H Number of Meals Served
Milk							
Meat/Alternate							
Fruit/Vegetable							
Fruit/Vegetable							
Grain/Bread							
Optional Foods							
Snack (Serve at least 2 of the 4 components.) (E X F = G)							
A Food Components	B Food Items Used	C Serving Size	D Purchase Units (lbs., can, size, etc.)	E Servings per Purchase Units Used	F Number of Purchase Units Used	G Total Servings Prepared	H Number of Meals Served
Milk							
Meat/Alternate							
Fruit/Vegetable							
Grain/Bread							
Optional Foods							
At a minimum, columns B, D, F, and H must be completed.							

Non-profit Food Service

Sponsors must maintain a non-profit food service program as required in 7 CFR 225.6(e)(1) and must be able to account for the receipt, obligation, and expenditure of all Summer Food Service Program (SFSP) funds. Sponsors must ensure that all SFSP reimbursements are being used solely for conducting non-profit food service operations. In order to do this, the following items are required:

- Sponsors must maintain documentation of all revenues received and expenses paid from the non-profit account.
- All costs charged to the account must be allowable and properly identified and recorded. The Program Cost Report form is provided on the next page to document programs costs.
- When reimbursements exceed costs, the funds must still be spent on allowable SFSP costs. Examples of allowable uses, in order of priority, include:
 - ✓ Improving the meal service or other aspects of the current SFSP.
 - ✓ Keeping the excess funds for next year's SFSP operations.
 - ✓ Paying for allowable costs of other Child Nutrition Programs.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
PROGRAM COST REPORT

Name of Sponsor									
Program Costs for Period Beginning (mm/dd/yyyy)						Ending (mm/dd/yyyy)			
Position	Salary per Hour	Number of Hours Worked Per Day		Number of Days Worked		Fringe Benefits		Total	
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0

1. Total Labor Costs for Period.....	_____
2. Food Purchased for Period.....	_____
3. Food Service Supplies.....	_____
4. Transportation.....	_____
5. Communication.....	_____
6. Rental of Office Space (non public or sponsor owned).....	_____
7. Office Supplies.....	_____
8. Utilities.....	_____
9. Use allowance on fixtures and furniture (non public or sponsor owned).....	_____
10. Audit Fees.....	_____
11. Legal fees.....	_____
12. Other (specify).....	_____
	=====
Total Monthly Program Costs (sum of lines 1 through 12)	0

Allowable Costs and Needed Documentation

Operating costs are allowable costs incurred by the sponsor for preparing and serving meals to eligible children and program adults. These costs include, but are not limited to, cost of food used, labor, nonfood supplies, and space for the food service. Rural sites may include costs that are directly incurred in transporting children from rural homes to rural food service sites. All costs must be fully documented and they must represent actual program costs.

ADMINISTRATIVE COSTS	
COST	DOCUMENTATION
LABOR Completing the sponsor application Attending sponsor training Conducting pre-operational and first week visits Conducting site reviews Reviewing family size and income forms or school applications (enrolled sites and camps) Consolidating meal counts for more than one site Paying food program bills Payroll activity of summer food staff Clerical activity Completing claims for reimbursement Your time working with USDA when they conduct a review and time spent responding to the review	LABOR Time sheets showing name of person, activity, and amount of time spent
OFFICE COSTS Telephone Postage Printing Rent (if special Summer Office is needed and special space is rented) Utilities used for administrative staff	OFFICE COSTS Bills or Receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Rental Agreement
TRANSPORTATION COSTS Going to training Monitoring of sites Transportation of rural children to meal sites	TRANSPORTATION COSTS Mileage records Gas receipts Basis for mileage charges

OPERATING COSTS	
COST	DOCUMENTATION
FOOD Purchases Costs associated with getting food Storing charges	FOOD Invoices Grocery tapes Delivery receipts Canceled checks Receiving reports Refunds and discounts Starting and ending inventories
LABOR Preparing Menus Purchasing/ordering food Delivering food Completing the meal production records Taking the meal count during the meal service Supervising/assisting children during the meal service Clean up after the meal service Supervising food service operations at the site or kitchen level, including the direct supervision of food service staff Processing, transporting, storing, and handling food and supplies and transporting equipment, food and supplies	LABOR Time and attendance documents Payroll records including benefits
OTHER COSTS Non-food items (e.g. napkins, kitchen cleaning supplies, etc.) Utilities for food service Rental of facilities, equipment vehicles Transporting children (rural sites only) Transporting food Repairs of kitchen equipment	OTHER COSTS Invoices Grocery tapes Delivery receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Mileage records Gas receipts Basis for mileage charges

Unallowable Costs

Costs for which program funds may not be used include, but are not limited to:

- Bad debts - which are any losses arising from non-collectible accounts and other claims and related costs.
- Repayment of overclaim and other federal debts.
- Contributions and donations including contingency reserves, the United States Department of Agriculture (USDA) donated commodities and other donated food, labor, and supplies.
- Fines or penalties resulting from violations of, or failure to comply with federal, state or local laws and regulations.
- Entertainment and fundraising costs.
- Interest on loans, bond discounts, costs of financing and refinancing operations, and legal and professional fees paid in connection therewith.
- Costs resulting from an under-recovery of costs under other grant agreements.
- Direct capital expenditures or option to purchase rental costs for: acquisition of land or any interest in land; acquisition or construction of buildings or facilities, or the alteration of existing buildings or facilities; non-expendable equipment of any kind; repairs that materially increase the value or useful life of buildings, facilities, or non expendable equipment; and other capital assets, including vehicles.
- Rental cost for periods beyond the close-out date for program operation.
- Costs for excess meals, i.e., meals in excess of legitimate program adult meals and reimbursable meals.
- Any other costs incurred that program officials determine to be in violation of applicable laws or regulations.
- Expenditures for non-creditable foods that are not part of the meal pattern. Sites wishing to serve additional foods that do not meet the Summer Food Service Program (SFSP) meal pattern standards must use non-program funds. If a site chooses to purchase additional food with SFSP funds, the food must be a creditable food under the meal pattern requirements (condiments served with creditable foods are exempt from this restriction). SFSP 06-2012.
- The cost to purchase food (including coffee, etc.) for use outside of the SFSP.
- The cost of meals served in violation of program requirements; e.g. meals served outside approved serving time, meals or components consumed off site, second meals served in excess of the two percent tolerance.
- For vended sponsors, the cost of meals delivered by a Food Service Management Company to a non-approved site, or for meals not delivered within the agreed upon delivery time, meals served in excess of the approved capacity, spoiled or unwholesome meals, or meals that do not meet requirements or quality standards.

For more information towards allowable use of program funds see the USDA Policy Memo SFSP 06-2012, "Serving Additional Foods in the Summer Food Service Program."

Network Access and Claims

- Claims are submitted online. Sponsors must have a Summer Food Service Program (SFSP) user ID and password to enter a claim.
- New users must complete a SFSP Network User Access Request form available at: <http://health.mo.gov/sfsp>.
- Send completed form to the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA).
- Only two user IDs and passwords are allowed per sponsor. Additional access will be considered on a case by case basis.
- Notify the DHSS-CFNA immediately if a user needs to be changed or deleted from the system.
- Online Application Instructions and Online Claiming Instructions are available at: <http://health.mo.gov/sfsp>.
- To access the web-based system, go to <http://health.mo.gov/sfsp> and click on Web Log In Screen.
- Claims will not be paid if submitted more than 60 days after the last day of the claim period.


DON'T MISS
THE DEADLINE!

Claim Deadlines

	June Claim	July Claim	August Claim
Original	August 29	September 29	October 30
Revised	September 28	October 29	November 29

Sanitation Requirements

Food safety is a topic that touches everyone. Sponsors must maintain proper sanitation and health standards in conformance with all applicable state and local laws and regulations (7 CFR 225.6(e)(9). Some facilities may not be required to meet all state and local health and safety requirements; for example, those that do not prepare food on site. When inspecting these sites, local sanitarians conduct a routine food safety and sanitation inspection. Staff preparing foods should follow safe food handling practices. Inspectors will focus on items such as cooking and reheating temperatures, cooling procedures, hot and cold holding temperatures, cross-contamination issues, personal hygiene, proper hand-washing practices, and food storage practices. In order to adhere to all state and local sanitation regulations and requirements, contact your local sanitarian. It is of tremendous benefit to establish a rapport with your local sanitarian. They can provide training and technical assistance in all regulations and requirements. To find contact information for your local sanitarian and Local Public Health Agency (LPHA), please visit: <http://health.mo.gov/living/lpha/lphas.php>.

	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD SAFETY INSPECTION REPORT FORM FOR SUMMER, FLOOD AND AT-RISK SITES		TIME IN _____ TIME OUT _____ PAGE 1 of 2
	THE REPORT BELOW DOCUMENTS AN INSPECTION CONDUCTED THIS DAY. THE ITEMS NOTED BELOW IDENTIFY THE STATUS OF THE OPERATION OR FACILITY. VIOLATIONS MUST BE CORRECTED ON-SITE OR BY THE TIME SPECIFIED FOR THE FOLLOW-UP INSPECTION. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.		
	ESTABLISHMENT NAME: _____ CONTACT/PIG: _____ SITE NO: _____ ADDRESS: _____ COUNTY: _____ CITY/ZIP: _____ PHONE: _____ FAX: _____		
ESTABLISHMENT TYPE: <input type="checkbox"/> SFSP <input type="checkbox"/> AT-RISK <input type="checkbox"/> CENTRAL KITCHEN <input type="checkbox"/> SELF-PREP <input type="checkbox"/> VENDED/SITE <input type="checkbox"/> PRE-OPENING <input type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> ATTEMPT		PURPOSE _____	
SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY: <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
This inspection sheet documents the status of compliance. It provides the observed violations and corrective measures or the needed corrective action. Operators/sponsors must address violations marked "OUT". Items that cannot be corrected on-site (COS) must be followed-up on.			
Key to compliance status at the time of the inspection. IN = in compliance; OUT = not in compliance; N/A = not applicable; N/O = not observed; and COS = corrected on-site.			
COMPLIANCE	Demonstration of Knowledge	OBSERVED VIOLATION(S)	
IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
	<u>Employee Health</u>		
IN OUT	If employees restricted or excluded, sores and wounds are properly covered		
	<u>Good Hygienic Practices</u>		
IN OUT N/O	No eating, tasting, drinking or tobacco use		
IN OUT N/O	No discharge from eyes, nose and mouth		
	<u>Preventing Contamination by Hands</u>		
IN OUT N/O	Hands clean and properly washed		
IN OUT N/O	No bare hand contact with ready-to-eat foods		
IN OUT N/A	Adequate handwashing facilities supplied and accessible (Circulate N/A only if a vendored site)		
	<u>Approved Source</u>		
IN OUT	Food obtained from approved source		
IN OUT N/O N/A	Food received at proper temperature		
IN OUT	Food in good condition, safe and unadulterated		
	<u>Potentially Hazardous Foods</u>		
IN OUT N/O N/A	Proper cooking, time and temperature		
IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O N/A	Proper date marking and disposition		
	<u>Highly Susceptible Populations</u>		
IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	<u>Chemical</u>		
IN OUT	Toxic substances properly identified, stored and used		
	<u>Conformance with Approved Procedures</u>		
IN OUT N/A	Time as a public health control		
IN OUT	Written procedures reviewed, compliant		
IN OUT N/A	Records reviewed		
IN OUT	Compliance with approved Specialized Process and HACCP plan		
	<u>Protection from Contamination</u>		
IN OUT N/A	Food separated and protected		
IN OUT	Food-contact surfaces cleaned & sanitized		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		
Person in Charge (Title): _____		Date: _____	
Inspector: _____	Telephone No. _____	EPHS No. _____	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: _____
MO 580-3212 (4-15)		DISTRIBUTION: WHITE = SPONSOR CANARY = SENIORS PINK = FILE COPY	
FOR OFFICIAL USE: _____ DATES OF OPERATION: _____ APPROVED/ DENIED BY: _____ REASON: _____		MEAL/TIMES: _____ REIMBURSEMENT: _____ DATE: _____	

[illegible]

Time as a Public Health Control

If a summer food service vendor or sponsor intends to handle and serve potentially hazardous foods using *time as the only public health control*, **they must contact their local sanitarian to obtain the necessary guidance for developing their Time as a Public Health Control plan, then the local sanitarian must approve the plan before it is utilized.** When using Time as a Public Health Control, a sponsor must develop written procedures that address the requirements of 3-501.19 of the Missouri Food code. All other local sanitation code requirements must be met as well.

Some vendor or sponsor responsibilities that will need to be developed are:

- Develop a procedure that will address:
 - Documentation specifying the time frame (four to six hours) that will be used as stated in section 3-501.19.
 - Method of marking the product when it is removed from temperature control.
 - Monitoring of temperature prior to removal from temperature control.
 - Method of marking the product with the discard time.
 - Disposition of the food at the end of the time period.
 - Included in the procedure:
 - What food is the procedure being used for?
 - The amount of food?
 - Who is responsible for monitoring?
 - The records that are to be kept and how long will they be kept?
- Provide training to personnel on procedure developed.
- Record how management will monitor and verify that the procedure is being applied properly.
- Assure that products in unmarked containers or packages or those that are marked with a time that exceeds the timeframe specified in the procedure will be discarded.

Local Public Health Agency inspection personnel responsibilities:

- Provide technical assistance to summer food service vendors or sponsors proposing to use time as a public health control.
- Review and comment on proposed procedures during inspection.
- During inspections review and verify application/implementation of procedure by:
 - Direct observation,
 - Review of at least three randomly selected records from the establishment's files including the day of inspection,
 - Record compliance status on the inspection report, and
 - Note any observations, violations, and corrective actions concerning the time as a public health control procedures, on the inspection report.
- Discard products in unmarked containers or packages or products marked with a time that exceeds the timeframe specified in the procedure.

Written procedures are required for potentially hazardous foods that are being held using time only as a public health control method. The written procedure must identify the food(s), the method of tracking the food once it is removed from temperature control, and what action will be taken at the end of the time frame.

See **Example** on next page.

Example: Written Procedure for Tracking Temperature

- Foods:
 - Macaroni and cheese.
 - Hamburgers.
 - Milk.
- Tracking:
 - Use yellow and red dots.
 - Write the time, on the yellow dot, the food was taken out of temperature control.
 - Place yellow dot on the left corner of each tray.
 - Write the "Discard Time on a red dot (maximum four hours).
 - Place red dot on right corner of each tray.
- Food Disposition:
 - Monitor time and assure that foods are discarded after four hours.
 - Discard expired and unused food in the kitchen garbage.
- Documentation:
 - Document all required information on the chart.
 - The approval chart must be completed for each day of service.
 - The chart will be maintained in the office at the central kitchen for at least 30 days.

Food	Macaroni & Cheese	Hamburgers	Milk
Employee initials	JS	JS	JS
Number of trays	2	4	5
Temperature	135°	145°	41°
Time taken out of temperature control	9:30 am	9:30 am	9:30 am
Time to be discarded or completely served	1:30 pm	1:30 pm	1:30 pm
Comments	Completely served	3 hamburgers discarded in kitchen garbage	6 cartons of milk poured down sink in kitchen

Reviewer's Signature

Date

Monitoring Your Sites

Monitoring is essential to making a program successful. Having knowledgeable, trained monitors will enable program operations to comply with program requirements and run more smoothly. Having an efficient and capable monitoring staff is one of the first steps towards successful operations. A monitor serves as a direct link between the sponsor's administrative office and the actual meal service sites. Establishing a proper monitoring system will help prevent problems from occurring and will make it easier to correct any problems that arise during the summer. The sponsor must ensure that the monitor's responsibilities and authority are clear to the monitoring staff and site supervisors.

Monitors must:

- ❖ Participate in annual training from the sponsor, and understand program requirements, including civil rights requirements.
- ❖ Ensure sites operate according to program guidelines.
- ❖ Carry a supply of all necessary forms during site visits and reviews.
- ❖ Provide training and technical assistance for site personnel when needed.
- ❖ Spend enough time at each site to ensure proper program operations.

Visits and Reviews:

Monitors are required to perform site visits and site reviews at various times throughout program operations.

- Site Visit: Requires the monitor to ensure the food service is operating smoothly and any apparent problems are immediately resolved.
- Site Reviews: Requires the monitor to determine if the site is meeting all the various program requirements. Monitors must observe a complete meal service from beginning to end, including delivery or preparation of meals, the meal service, and clean up after meals.

For your convenience, the Site Review forms for both self-prep and vended sites are included in this manual. They are also available on the Summer Food Service Program webpage at: www.health.mo.gov/sfsp under Applications and Forms. For further information on sponsor monitoring requirements, please see the USDA's *Sponsor Monitor's Guide* also available on our webpage under Manuals.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
MONITOR SITE REVIEW FORM (For Self-Preparation Sites)

☐ 1st Week Review

☐ 4th Week Review

Name of Sponsor		Name of Site				
Date of Review		Site Supervisor				
Time of Arrival		Time of Departure				
Dates of Site Operation		Beginning Date		Ending Date		
Type of Site	<input type="checkbox"/> Open <input type="checkbox"/> Enrolled <input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Other					
Meal Service Reviewed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack					
Approved Average Daily Participation _____ Breakfast _____ Snack _____ Lunch _____ Snack _____ Supper _____ Snack						
Day of Visit	Breakfast	Lunch/Supper	Snack	Comments		
Number of Meals Prepared						
Number of First Meals Served						
Number of Second Meals Served						
Number of Meals To Program Adults						
Number of Meals to Non-Program Adults						
Number of Meals Leftover						
Food Items Served	Quantity Prepared	Servings Per Unit	Total Amount Available	Amount Needed	Comments	
			Yes	No	NA	Comments
Meals are served within the approved time frame?						
Does the meal served meet meal pattern requirements?						
Are adequate quantities of all food components served?						
Production records are maintained that show the amount of food prepared? Required for vended sites only.						
Foods served are creditable?						
Food is prepared, handled, and served in a sanitary manner?						
Food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?						
Facilities are clean and free from rodents and insects?						

	Yes	No	NA	Comments
Are meals served as a unit?				
Are meals consumed by participants on site?				
Are meals planned and prepared with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Is required health department certification available for inspection?				
Is an inventory record being kept?				
Are receiving reports and purchase invoices kept?				
Does staffing pattern correspond to that listed on approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
Beneficiary Data				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number of participants in attendance in each racial category.				
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
_____	_____	_____	_____	_____
Corrective Action Plan:				
<input type="checkbox"/> No Findings Findings:		Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation <input type="checkbox"/> Inspection		
The monitor conducted an <input type="checkbox"/> Announced Site Review <input type="checkbox"/> Unannounced Site Review				
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
MONITOR SITE REVIEW FORM (For Vended Sites)

☐ 1st Week Review

☐ 4th Week Review

Name of Sponsor		Name of Site			
Date of Review		Site Supervisor			
Time of Arrival		Time of Departure			
Dates of Site Operation	Beginning Date	Ending Date			
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp	<input type="checkbox"/> Migrant	
	<input type="checkbox"/> Other				
Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack	
Approved Average Daily Participation					
	_____ Breakfast	_____ Snack	_____ Lunch	_____ Snack	
	_____ Supper	_____ Snack			
Day of Visit	Breakfast	Lunch/Supper	Snack	Comments	
Number of Meals Delivered					
Time Meals Delivered					
Number of First Meals Served					
Number of Second Meals Served					
Number of Meals To Program Adults					
Number of Meals to Non-Program Adults					
Number of Leftover Meals					
Number of Incomplete/Damaged Meals					
		Yes	No	NA	Comments
Meals are served within the approved time frame?					
Does the meal served meet meal pattern requirements?					
Are adequate quantities of all food components served?					
Production records are maintained that show the amount of food prepared? Required for vended sites only.					
Foods served are creditable?					
Food is prepared, handled, and served in a sanitary manner?					
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?					
Facilities are clean and free from rodents and insects?					
Are the meals counted before signing the delivery receipt?					
Are food temperatures taken when meals are delivered?					
Are meals checked for quality and completeness?					
Is there proper sanitation/storage available for delivered meals?					
Are meals stored at safe temperatures?					
Are there provisions for storing or returning excess meals?					
Is the meal delivery schedule followed?					
Is the site supervisor following procedures established to make meal order adjustments?					
Are meals served as a unit?					

	Yes	No	NA	Comments
Are meals consumed by participants on site?				
Are meals ordered with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on the approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there a non-discrimination ("And Justice for All") poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
Beneficiary Data				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number of participants in attendance in each racial category.				
American Indian or Alaskan Native _____	Asian _____	Black or African American _____	Native Hawaiian or other Pacific Islander _____	White _____
Corrective Action Plan:				
<input type="checkbox"/> No Findings <input type="checkbox"/> Findings:		Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation <input type="checkbox"/> Inspection		
The monitor conducted an <input type="checkbox"/> Announced Site Review <input type="checkbox"/> Unannounced Site Review				
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date

Monitoring Checklist

During your Summer Food Service Program (SFSP) Review, the Nutritionist or the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) representative will review program records for compliance with federal and state regulations. The following checklist should assist in preparation for the review. This list presents an overview of the major areas that will be evaluated. Records for the entire fiscal year should be available for review.

Forms and program requirements can be obtained at the DHSS-CFNA's SFSP webpage: www.health.mo.gov/sfsp.

Note: Sponsors must have a claim in Pending Approval before the sponsor monitoring can be held.

Required Documentation for SFSP Sponsor Review Monitoring:

- ☐ Documentation of training.*
- ☐ Pre-operational visit, 1st week and 4th week site monitoring reports (4th week only for returning sponsor that requested a waiver on the application).*
- ☐ Dated, daily menus (all sponsors).*
- ☐ Meal production records (vended sponsors only).*
- ☐ Child Nutrition (CN) labels or Product Formulation Statements for all commercially processed foods such as entrees and breaded meat items.
- ☐ Meal count records (daily meal counts; weekly or monthly consolidated records).*
- ☐ Meal delivery receipts (vended programs only).
- ☐ Source documents (food purchase/delivery receipts, utility bills, payroll records, etc.) for all program costs.
- ☐ Copy of the completed claim for reimbursement.
- ☐ Sanitation inspection report(s).
- ☐ Civil rights beneficiary data forms (if recorded separately from 1st or 4th week monitoring reports).*
- ☐ Media release, brochure, or other printed outreach material.
- ☐ Copy of the program application and permanent agreement/contract.
- ☐ Income Eligibility applications (IEFs) [camps and enrolled sites only] (Refer to *Income Eligibility Guidance for Camps and Enrolled Sites*).*

*Available under Applications & Forms at: www.health.mo.gov/sfsp

Common Findings

In an effort to assist sponsors in operating the Summer Food Service Program (SFSP) successfully, some common situations from reviews that have resulted in findings have been identified. Use these as a guidepost to avoid some of the more common operational errors that have occurred with the SFSP.

MENU and MEAL SERVICE FINDINGS

- All meals served did not meet the minimum meal pattern requirements as outlined in the meal chart.
- The meal contained a non-creditable component. Refer to the United States Department of Agriculture's Food Buying Guide for Child Nutrition Programs and revise menus to include creditable meal components.
- Menus did not always provide an adequate variety of foods. It is important to provide a variety of foods each day to ensure adequate intake of a wide range of nutrients. Avoid serving the same foods too often.
- Some of the children were not served all of the required meal components. Incomplete meals served to children may not be claimed for reimbursement.
- Meals were served outside of the approved meal times. Meals served outside of the approved meal times may not be claimed for reimbursement. If your meal service times change, you must update the information online and gain approval prior to implementing the change.
- Children were observed taking potentially hazardous foods off site. All potentially hazardous foods must be eaten on site to avoid possible food-borne illness.
- The site did not have a trained person available during the meal service. SFSP regulations require at least one trained person be on site during the meal service. Meals served at sites without trained personnel may not be claimed for reimbursement.
- Children were not at the site the day of the review. Sponsors must notify the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) 24 hours in advance of site closings and/or field trips.
- The sponsor did not have Child Nutrition (CN) labels/Product Formulation Statements available to document the meat/meat alternate contribution of processed meat products.
- The amount of food prepared did not always meet minimum serving size requirements. Meals must provide minimum amounts of food as specified in the SFSP meal pattern to be claimed for reimbursement.

PRODUCTION RECORD FINDINGS (vended meals only)

- At a vended site, production records did not always indicate the exact amount of each food item used. Production records must indicate, at a minimum, the food items used, the amount of all food items used in package/container sizes and/or weight, and the number of children and adults served.
- At a vended site, production records were not being maintained.

MEAL COUNT FINDINGS

- The site did not maintain a point of service meal count. Meals must be counted as

they are served to the children.

- The site did not have adequate procedures in place to adjust the number of meals ordered or prepared on a daily basis, resulting in an excess number of leftover meals.
- Leftover meals from the previous day were not properly recorded on the meal count sheets.
- The number of meals served did not match the delivery ticket. The site supervisor is responsible for ensuring the number of meals delivered to the site matches the delivery ticket by taking a physical count of the meals when they arrive at the site.
- Meal counting procedures used by the site did not yield an accurate count of meals served.
- The site is consistently claiming more meals than were served the day of the review. Sites may not claim more meals than are served to children at any time.
- There was an excess child to staff ratio at the site. While there is no regulation stipulating a certain child to staff ration, a recommended ratio is 15 children to every one program adult.

SANITATION FINDINGS (Contact your local sanitarian for technical assistance)

- **Food temperatures were not taken by site personnel when food arrived at the site.** Site personnel must take food temperatures to ensure that food has been properly handled and is safe for consumption.
- Site personnel did not use proper procedures to take food temperatures, nor were they aware of the food temperature “safety zone”.
- The expiration date on some of the milk was beyond the “use by” date. Check milk expiration dates to ensure the service of fresh milk. Discard all milk that exceeds the “use by” date.
- Food was not being held at the appropriate temperature. Potentially hazardous food must be held at a temperature of 41° F or below or 140°F or above to avoid bacterial contamination.
- Food was left sitting at room temperature for more than two hours.
- The site did not have adequate facilities or equipment for the safe storage of meals.
- A potentially hazardous food was stored on a shelf above other foods in the refrigerator. To avoid cross contamination of food in storage, store all potentially hazardous foods on the lower shelves of the refrigerator.
- Employees were not observed washing their hands prior to the service of the meal, or after eating, drinking, using the toilet, or handling raw food.
- Food items in storage had not been properly labeled. Label and date all leftover foods and foods removed from their original containers.
- Food items in storage were not properly wrapped or covered. Use plastic wrap, foil, or a tight fitting lid to cover foods when storing them for later use.
- The refrigerator did not have a thermometer. All refrigerators must have a working thermometer to enable site personnel to monitor the temperature of the equipment. Temperature in the refrigerators and freezers must be monitored on a regular basis.
- Time as a Public Health Control was being utilized without an approved plan.

Corrective Action Plan

A Summer Food Service Program (SFSP) sponsor has the responsibility of responding to both site visit and sponsor review findings (instances of non-compliance) if they occur by completing a Corrective Action Plan (CAP). There are two different types of reviews, site visit reviews and sponsor reviews.

The CAP Process for Site Visit Reviews:

Following the site visit review by the SFSP Nutritionist/Nutrition Specialist, the outcome of the review will be discussed with the site supervisor and the sponsor, if present. A site review form indicating if each requirement was in compliance will be completed. If findings (instances of non-compliance) occurred during the review, additional site visit finding form(s) will be completed and a CAP will be requested.

If the sponsor is present at the time of the site review, the sponsor will be given the opportunity to correct the finding on site and document the correction on the site visit finding form(s). If the sponsor is not present at the time of the site review, a copy of the site review form and site visit finding form(s) will be emailed to the sponsor for completion. On the site visit finding form(s), the sponsor will address each finding indicated, explaining how each finding will be corrected, who will be responsible for correcting the finding, and a date by which the finding will be corrected.

Each CAP will have a due date. The sponsor will have **three weeks** from the date of the site review to respond to the findings. Failure to respond to the review could affect the site and sponsor's ability to participate in the SFSP. After the Nutritionist/Nutrition Specialist has reviewed and approved the CAP, a closeout email will be sent to the sponsor.

The CAP Process for Sponsor Reviews:

After the SFSP Nutritionist/Nutrition Specialists has conducted the sponsor review, a review letter will be sent to the sponsor indicating that a review has been conducted and include details of compliance or non-compliance. If findings (instances of non-compliance) occurred during the review, a CAP will be requested.

A CAP form will be included with the review letter, for completion by the sponsor. On the CAP form, the sponsor will address each finding indicated on the report, explaining how each finding will be corrected, who will be responsible for correcting the finding, and a date by which the finding will be corrected.

Each CAP will have a due date. The sponsor will have **three weeks** from the date of the review letter to respond to the findings. Failure to respond to the review letter could affect the sponsor's ability to participate in the SFSP, and may result in the sponsor being classified as Seriously Deficient. After the Nutritionist/Nutrition Specialist has reviewed and approved the CAP, a closeout letter will be sent to the sponsor.

Corrective Action Plan (CAP)

Summer Food Service Program

District Nutritionist: _____

Name of Sponsor: _____

Name of Site: _____

Name of Authorized Representative: _____

Location where CAP documentation (written policies and staff training documentation) will be maintained: _____

Complete this form and fax (573-526-3679) or mail to:

Missouri Department of Health and Senior Services,

Bureau of Community Food & Nutrition Assistance,

P.O. Box 570 Jefferson City, Mo 65102

FINDING (as noted in the letter or on the report)	ACTIONS TO FULLY AND PERMANENTLY CORRECT THE FINDING:	WHO IS RESPONSIBLE	CHECK IF THERE IS A WRITTEN POLICY	DATE OF EXPECTED COMPLETION	DATE STAFF WILL BE TRAINED ON PROCEDURE

SFSP-CAP (form CACFP-230)

Please copy form if additional space is needed

01/2018

Appeal Procedure

Appeals of the Department of Health and Senior Services (DHSS) actions are conducted before an independent administrative hearings officer at the Missouri Department of Social Services' Division of Legal Services (DLS). The DLS main office phone number is (573) 751-3229 and fax (573) 526-1484.

What can be appealed?

A sponsor may appeal any of the following actions the DHSS takes relating to its participation in the Summer Food Service Program (SFSP) or claims for reimbursement (7 CFR 225.6(b)(3) and 7 CFR 225.13):

- Denial of an application for participation.
- Denial of a sponsor's request for an advance payment.
- Denial of a sponsor's claim for reimbursement (except when submitted after the deadline [See 7 CFR § 225.9(d)(6)]).
- A state agency's refusal to forward to USDA's Food and Nutrition Service (FNS) the sponsor's requested exception for payment of a late claim or a request for an upward adjustment to a claim.
- Claim against a sponsor for remittance of a payment.
- Termination of a sponsor or a site.
- Denial of a sponsor's application for a site.
- Denial of a food service management company's application for registration, if applicable.
- Revocation of a food service management company's registration, if applicable.

A sponsor cannot appeal decisions the FNS makes relating to late claims for reimbursement or request for upward adjustments under 7 CFR 225.9(d)(6).

How can a sponsor appeal?

- Appeal requests must be in writing.
- A sponsor can either:
 - ✓ Fax the appeal request to 573-526-3679; or
 - ✓ Mail the appeal request to:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
ATTN: SFSP Appeals
PO Box 570
Jefferson City, MO 65102

- The DHSS must receive the appeal request no more than 14 calendar days after the sponsor receives the notice of the DHSS's action.

What must a sponsor include in its appeal request?

- The sponsor's name, telephone number, and mailing address.
- The name and title (printed or typed) of the sponsor's contact person/authorized representative.
- The DHSS action(s) that the sponsor is appealing, the reason(s) the sponsor is appealing, and the action(s) the sponsor wants the DHSS to take instead (i.e., the remedy the sponsor is seeking).
- Whether the sponsor is requesting an abbreviated administrative review or an administrative hearing:
 - **Abbreviated administrative review:** a review of written documentation only.
 - In an abbreviated review, both the sponsor and the DHSS submit written documentation for the hearing officer to consider when deciding the appeal.
 - A sponsor requesting a written review may choose to have an abbreviated administrative review even if it is entitled to a full, in-person hearing.
 - To be considered by the hearing officer, the sponsor must submit all written documentation in support of its appeal to the hearing officer within seven calendar days of the date it submits its appeal request (7 CFR 225.13(b)(4)).
 - A sponsor cannot request an in-person administrative hearing after the abbreviated administrative review has taken place.
 - **Administrative hearing:** an in-person hearing at which the sponsor and the DHSS submit verbal testimony and evidence.
 - The DLS hearing officer can hold a hearing in addition to, or instead of, an abbreviated administrative review only if the sponsor requests a hearing in its appeal request.
- A copy of the notice from the DHSS that outlines the actions the sponsor is appealing.

Additional information:

- The DLS hearing officer will send the sponsor a letter giving the date, time, and location of the administrative hearing.
- Under Missouri law, corporations and LLCs must be represented by an attorney. A non-attorney cannot file motions or briefs, make legal arguments, or examine witnesses.
- The DHSS will have legal counsel representation for both in-person hearings and abbreviated administrative (written) reviews.
- The DLS hearing officer must make a decision within five days of either holding an administrative hearing or receiving the written documentation from the sponsor and the DHSS.

Remember these deadlines:

- The DHSS must receive the sponsor's appeal request within 14 calendar days of the sponsor receiving notice of the DHSS's actions.
- The sponsor must submit any written documentation to the hearing officer within seven calendar days of submitting the appeal request.

For more information: Call the DHSS at 888-435-1464.

*AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.
Services provided on a nondiscriminatory basis.*

Tips for Success

Five Keys to Success in the Summer Food Service Program (SFSP)

- Serve quality meals.
- Keep sound financial records.
- Ensure access to the program.
- Include activities at your meal sites.
- Highlight the program.

Finances

To reach your SFSP goals, understand how much money is available to spend on the program:

- Estimate your total SFSP expenses for the summer.
- Then estimate your total federal reimbursement from SFSP participation. Add funds from other possible sources such as rebates, state government funding, grants, donations, etc. you will have for the summer.
- Use those numbers and a backward planning technique to plan and reconcile the income and expenses your program will incur for the summer.
- Make sure you are able to cover the necessary program expenses and are able to efficiently operate the SFSP.
- Don't overestimate participation.

Access

When it comes to transportation challenges, consider:

- Working with rural school districts' bus operations.
- Collaborating with organizations that have vehicles to help transport children.
- Renting a vehicle, at cost, to use for the program.
- Creating a mobile meal site route!

Remember to discuss non-traditional approaches to meal service with the Department of Health and Senior Services-Community Food and Nutrition Assistance.

Activities

Activities at meal sites draw a higher number of children and provide sustainment for the SFSP. They also provide opportunities to increase the health and development of children during the summer months. Partnerships with schools, parks and recreation departments, and nonprofit organizations can help keep costs down by organizing and supervising these activity programs.

Publicity

While awareness of the SFSP has increased greatly in the past few years, there are still plenty of parents and community stakeholders who are unaware of the program and its benefits to the communities where meal sites are located. Including promotion in your SFSP plan can make a tremendous difference in having a successful program. Promoting your program through the media, social media, and the community will help increase meal participation.

For tips and resources to make your SFSP a success, see the United States Department of Agriculture's Summer Meals Toolkit at: <https://www.fns.usda.gov/sfsp/summer-meals-toolkit>.

Annual Newsletter

The Summer Food Service Program (SFSP) state team is privileged to witness the outstanding achievements and hard work of sponsors across Missouri who provide nutritious meals to children through the SFSP. We would like to recognize your creative, successful strategies in the annual SFSP newsletter. This is your opportunity to brag shamelessly about your program! Don't be shy!

Any sponsor operating the SFSP is eligible to be recognized for all categories. Due to limited space available, narratives need to be limited to one page and address the questions under the appropriate category. Pictures are highly encouraged! Please include a signed release form for any person appearing in the photos. Please submit your information no later than November 30.

For the annual newsletter, we are highlighting articles that feature sponsors in the following five categories:

1. **Outstanding Outreach:** Are you an SFSP sponsor that uses creative strategies to promote participation of eligible children in your program? Describe in your narrative your efforts and results in promoting your program, including:
 - Steps taken to promote your program and reach eligible children, and their impact.
 - The most effective techniques used in reaching the children.
 - Any challenges or barriers encountered and how they were addressed.
 - Any non-program resources (e.g., monetary contributions, in-kind donations, volunteers, partnerships with other organizations) that were utilized in your efforts.
 - How children's participation was sustained over the course of the program.
 - What is your anticipated outlook for the next year?
2. **Magnificent Menus:** Are you an SFSP sponsor whose menus utilize food in a nutritional and inventive way? Do your menu items have nutritional content, color, variety, cultural awareness, and have you used inventive food promotions? Send in your summer menus along with a narrative highlighting your effective menu planning techniques. Please include drool worthy photos of your magnificent creations!
3. **Greatest Growth:** Have you had exponential meal site participation growth from the previous year? If so, please tell us all about it so we can share your strategies!
4. **Spectacular Staff:** Do you have a rock star or an entire team who worked with your SFSP? Were they hard working, creative, dedicated, and committed to upholding the integrity of the SFSP? Did they meet the needs of the children and communities they served? If so, tell us about your rock star(s)!
5. **Perfectly Partnered:** Did your SFSP partner with an organization and create a team that positively impacted a community? Well then, tell us about it so we can celebrate with you! Include the benefits of the partnership you formed, the outstanding outcomes, and how your organizations came to be partners. We love a good partnership!

Requesting Advances

Advances are payments that may be received before the Summer Food Service Program (SFSP) begins, to pay for administrative and operating costs that are incurred before the program starts. When determining the amount of the advance payment, the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) will make the best possible estimate based on the sponsor's request and any other available data. These payments are advances on the reimbursement that sponsors will receive for a month of operations and **will be deducted from future reimbursement payments.**

If a sponsor requests an advance, then the request must reasonably and accurately reflect estimated site attendance and meal reimbursements in accordance with 7 CFR 225.6(a)(3). First advances shall not be paid until the sponsor has a fully executed contract with the DHSS.

Sponsors requesting an advance for the SFSP:

- Must sign and return a fully executed contract with the DHSS to operate as an SFSP sponsor prior to receiving any advance funds.
- Must be in good standing with Missouri Food and Nutrition Programs.
- Cannot miss a payment for Missouri Food and Nutrition Programs' debt deadline from a previous SFSP operational year.

If a second or third advance is requested, the sponsor must provide accurate attendance information to the DHSS-CFNA by June 20th for the second advance and by July 21st for the third advance, in accordance with 7 CFR 225.9.

Debt Repayment

In the event overpayments are identified, pursuant to 7 CFR 225.12, the sponsor must agree to a repayment schedule and that such repayments shall be deducted from future claim payments except in the event that no future claim payments are due. For such an event, the sponsor shall remit the full amount of the overpayment pursuant to 7 CFR 225.12, within 30 days of receipt of the notice of the overpayment.

Any and all representatives of the sponsor that sign the contract on behalf of the sponsor shall be aware of the personal responsibility for repayment in the case of an overpayment and acknowledge personal liability for repayment of any overpayment. In addition, all principals of the sponsoring organization are aware of the personal responsibility for repayment in the case of an overpayment and acknowledge the personally liability for repayment of any overpayment.

Need program, menu, activity, or outreach ideas for your SFSP?

Let us help you with your search!

Start Here

Department of Health and Senior Services Summer Food Service Program (SFSP)

<http://health.mo.gov/sfsp>

- Access to online claims filing.
- GIS map.
- Downloadable copies of Missouri SFSP forms.
- Link to information on other Missouri nutrition programs and activities.

USDA – SFSP

<https://www.fns.usda.gov/sfsp/summer-food-service-program>

USDA's main webpage for SFSP.

USDA – Summer Meals Newsletter

<http://www.fns.usda.gov/sfsp/summer-meal-newsletters>

Every month, USDA's Food and Nutrition Service creates two newsletters highlighting new resources available to assist with expansion of the Summer Meal Programs, including the Summer Food Service Program (SFSP) and the Seamless Summer Option (SSO) of the National School Lunch Program (NSLP).

USDA – Farm to Summer

<https://www.fns.usda.gov/farmtoschool/farm-summer>

Missouri Department of Agriculture – DOA

<http://agriculture.mo.gov/>

Find your local Farmer's Market! In the Popular Services section, select "Find a Seller or Market" then select Farmer's Market Map.

Team Nutrition – Summer Food, Summer Moves

<https://www.fns.usda.gov/tn/summer-food-summer-moves>

Summer Food, Summer Moves is a fun, hands-on resource kit designed to get kids and families excited about healthy eating and physical activity during the summer months. The kit is designed for use by summer meal site operators.

USDA Summer Meals Webinar Series

<https://www.fns.usda.gov/sfsp/2015-summer-meals-webinars>

The US Government's official web portal for nutrition information

<http://www.nutrition.gov>

Provides easy online access to government information on food and human nutrition.



Food and Nutrition Information Center (FNIC)

<https://www.nal.usda.gov/fnic> Through USDA's National Agriculture Library, USDA program participants may borrow summer food service reference materials, videos, and training materials free of charge. The site has information on recipes, menu planning, and food safety. Sample nutrition education is also available.

Institute of Child Nutrition (ICN)

<https://theicn.org/> ICN site provides child nutrition resources, training, and standardized recipes.

The University of Missouri Extension

<https://extension2.missouri.edu/find-your-interest/youth-and-family/nutrition-and-health-education>

- Nutrition
- Food preparation
- Health and wellness

My Plate

<http://www.choosemyplate.gov>

MyPlate offers ideas and tips to help create a healthy eating style that meets the needs of every age group.

Federal Food Safety Information

<http://www.foodsafety.gov>

Gateway to food safety information provided by government agencies.

No Kid Hungry Center For Best Practices

<https://bestpractices.nokidhungry.org/free-summer-meals-kids>

This site offers sponsors many different resources and toolkits to include information regarding grants, promotion and outreach materials, and shared best practices across the nation.

Midwest Dairy Council

<http://www.midwestdairy.com/>

Promotion - June Dairy Month, June Dairy Month Communications Toolkit.



At-Risk Afterschool Program

The At-Risk Afterschool Program is a component of the Child and Adult Care Food Program (CACFP). It offers federal funding to Afterschool Programs that serve a meal or snack to children, 18 and under, in eligible areas. The United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers the CACFP at the national level. The Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) administers the program in Missouri.

Many existing SFSP sites are well-positioned to offer afterschool meals during the school year through the At-Risk Afterschool Program. Both organizations and communities benefit when meals are offered to children in eligible communities year-round. Organizations benefit from having the ability to hire year-round staff, a continuous flow of reimbursements providing additional financial stability, and recognition in the community as a stable source of services. Communities benefit by having a partner that provides year-round nutrition services for children and brings increased federal funds into the local economy.

At-Risk Afterschool Eligibility Requirements:

Organizations may apply to participate in the At-Risk Afterschool Program either as an independent afterschool program or through a sponsor. Eligible organizations must meet state and/or local licensing or health and safety standards in order to participate. Following are eligibility requirements that must be met in order to apply and participate in the program.

Program Eligibility: An afterschool program must:

- Be organized primarily to provide care for children after school or on the weekends, holidays, or school vacations during the regular school year.
- Provide organized, regularly scheduled education or enrichment activities in a structured and supervised environment that are open to all children.
- Be located in an attendance area of a school where at least 50 percent or more of the children are eligible for free or reduced-price meals.

Organization Eligibility: At-Risk Afterschool Programs may be operated by:

- Public agencies such as schools or city governments.
- Tax-exempt nonprofit organizations.

- For-profit centers that meet the requirements of serving at least 25 percent of children who are eligible for free or reduced-price meals based on their family income; or receive benefits under title XX of the Social Security Act and the center receives compensation under title XX.

Area Eligibility: As noted above, to be eligible to participate in the At-Risk Afterschool Program, it must be located in an eligible area. This means the site is located in the attendance area of a public school where at least 50 percent of the students are eligible for free and reduced-price meals under the National School Lunch Program (NSLP). This is referred to as area eligibility.

Participant Eligibility: At-Risk Afterschool Programs may claim reimbursement only for meals and snacks served to children who are age 18 or under at the start of the school year. Programs may be either drop-in or enrolled. Children do not have to participate in the enrichment activities in order to be served a meal. Reimbursement also may be claimed for participants who turn age 19 during the school year. There is no age limit for persons with disabilities.

Licensing and Health and Safety Requirements: Federal law does not require licensing for centers participating in the At-Risk Afterschool Program. However, states or local jurisdictions may require licensing. In the state of Missouri, afterschool programs must be licensed by the Missouri Department of Health and Senior Services' Section for Child Care Regulation, or be exempt from licensing requirements. Exempt organizations must, however, submit documentation to show that minimum health and safety standards are being met. At a minimum, documentation must include a fire safety inspection report and a sanitation report. Schools are exempt from the licensing requirement in Missouri.

For more information regarding the At-Risk Afterschool Program please visit USDA's website at: <https://www.fns.usda.gov/cacfp/afterschool-programs>

OR

For more information, including how to apply, please visit Missouri's At-Risk Afterschool Program webpage: www.health.mo.gov/cacfp



Expand from Summer Meals!

If you are a summer meals provider, consider applying to the CACFP to serve meals and snacks during the school year through an afterschool program.